

2002 UNIFORM BUSINESS REPORT (UBR)

0019617 AB

DOCUMENT # **A28629**

1. Entity Name

I-4 PARK NORTH LIMITED PARTNERSHIP

FILED

02 MAY -1 PM 1:11

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

AMJM



Principal Place of Business

**5131 POST ROAD, SUITE 200
DUBLIN OH 43017-1160**

Mailing Address

**5131 POST ROAD, SUITE 200
DUBLIN OH 43017-1160**

2. Principal Place of Business

5131 Post Road

3. Mailing Address

5131 Post Road

Suite, Apt. #, etc.

Suite 350

Suite, Apt. #, etc.

Suite 350

City & State

Dublin, Ohio

City & State

Dublin, OH

Zip

43017

Country

USA

Zip

43017

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

31-1390167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, SCOTT C.
213 N. EOLA DRIVE
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P23945**
NAME **RAH EQUITIES, INC.**
STREET ADDRESS **5131 POST ROAD, SUITE 200**
CITY-ST-ZIP **DUBLIN OH**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **5131 Post Road, Suite 350**
CITY-ST-ZIP **Dublin, OH 43017**

DOCUMENT #
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/16/02 614-798-0971

Date

Daytime Phone #

CR2E003 (9/01)