

# 2000 UNIFORM BUSINESS REPORT (UBR)

0020132 A13

**DOCUMENT # A29184**

1. Entity Name  
**THE ALYSSA LIMITED PARTNERSHIP**

FILED

00 FEB -4 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <del>89 SOMBRERO ISLE</del> <del>MARATHON FL 33050</del>	Mailing Address 66 GEORGES ROAD NEW BRUNSWICK NJ 08901-3900
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 66 Georges Rd Suite, Apt. #, etc. New Brunswick NJ	3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0155595	Applied For <input type="checkbox"/> Not Applicable
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Zip 08901	Country Mdlx	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  Name Same Address Change ELY, JOHN S <del>89 SOMBRERO ISLE</del> <del>MARATHON FL 33050</del>		7. Name and Address of New Registered Agent Name John S Ely Street Address (P.O. Box Number is Not Acceptable) 1998 Overseas Highway Marathon, FL 33050 City FL Zip Code	
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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 \_\_\_\_\_ DATE 1/14/2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$54,000.00	10. Amount of Capital Contributions in FLORIDA to date. 10,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	ELY, JOHN S	STREET ADDRESS	1 Pershing Court
NAME		CITY - ST - ZIP	North Brunswick, NJ 08902
STREET ADDRESS	<del>89 SOMBRERO ISLE</del>	STREET ADDRESS	
CITY - ST - ZIP	<del>MARATHON FL</del>	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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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: DATE: 1/14/2000 DAYTIME PHONE #: 732-828-7100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CP12E003 (9/99)