

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A29184
 1. Entity Name
THE ALYSSA LIMITED PARTNERSHIP

FILED
 01 MAR 27 AM 7:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: **66 GEORGES ROAD NEW BRUNSWICK NJ 08901**
 Mailing Address: **66 GEORGES ROAD NEW BRUNSWICK NJ 08901**

2. Principal Place of Business: **Same as above**
 3. Mailing Address: **Same as above**

Suite, Apt. #, etc.: **66 Georges Road**
 City & State: **New Brunswick, NJ**
 Zip: **08901**

4. FEI Number: **65-0155595**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ELY, JOHN S
1998 OVERSEAS HIGHWAY
MARATHON FL 33050

7. Name and Address of New Registered Agent
 Name: **Same**
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

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 #	Same	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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 ***158.75 ***158.75

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: John S Ely 3/5/01 732-828-7100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)