

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

141-75

001715 AB

DOCUMENT # A30691

1. Entity Name
CEK OF LEON COUNTY, LTD.



FILED

03 APR 25 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
150 STANFORD ST., STE. 223
BOSTON MA 02114

Mailing Address
150 STANFORD ST., STE. 223
BOSTON MA 02114



2. Principal Place of Business
Post Office Box 180253

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Boston, Ma.

City & State

4. FEI Number 59-3032927

Applied For
Not Applicable

Zip 02118

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, JAY
215 SOUTH MONROE, STE. 400
TALLAHASSEE FL 32301

Name

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

600016984756

04/25/03-01005-002 **141.25

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record. \$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # S02894
NAME CEK OF LEON COUNTY, INC.
STREET ADDRESS 215 SOUTH MONROE, STE. 400
CITY-ST-ZIP TALLAHASSEE FL 32301

STREET ADDRESS

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:

Charles M. Thompson
Charles M. Thompson, President of CEK of Leon County, Inc.

4/23/03

617-367-9525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE