

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014072 AT

<b>DOCUMENT # A30772</b> 1. Entity Name <b>MIDLAND PROPERTIES LIMITED PARTNERSHIP X</b>	
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FILED

03 APR -9 PH 4: 23

Principal Place of Business <b>33 NORTH GARDEN AVENUE, SUITE 1200 CLEARWATER FL 33755</b>	Mailing Address <b>33 NORTH GARDEN AVENUE, SUITE 1200 CLEARWATER FL 33755</b>
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2. Principal Place of Business	3. Mailing Address	<b>DUE BY MAY 1, 2003</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number <b>59-3035445</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>MIDLAND FINANCIAL HOLDINGS, INC.</b> <b>33 NORTH GARDEN AVENUE, SUITE 1200</b> <b>CLEARWATER FL 33755</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>

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

9. Capital Contributions as Shown on record. <b>\$1,357,200.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 #	<b>K22808</b>	STREET ADDRESS	
NAME	<b>MIDLAND EQUITY CORP.</b>	CITY-ST-ZIP	<b>100015557121</b>
STREET ADDRESS	<b>33 NORTH GARDEN AVENUE, SUITE 1200</b>		<b>04/09/03--01056--017 **526.25</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33755</b>		
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STREET ADDRESS			
CITY-ST-ZIP			

M THOMAS

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 RECALLED @ ANGINO      3/25/03 (727) 461-4801  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (10/02)