

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30832**

1. Entity Name

R.I.A. MELBOURNE LIMITED PARTNERSHIP

Principal Place of Business

23210 CHAGRIN BLVD., #102
BEACHWOOD OH 44122

Mailing Address

23210 CHAGRIN BLVD., #102
BEACHWOOD OH 44122-5421

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1663948

Applied For

Not Applied

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

Name

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

City

FL

Zip Code

**C-T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$2,895,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**WEINGART, NED S.
23210 CHAGRIN BLVD., #102
BEACHWOOD OH 44122**

STREET ADDRESS

CITY - ST - ZIP

**200003112082--5
-01/27/00--01006--008
****535.00 ****535.00**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**P31522
EQUITY PLANNING HLDNG, C
23210 CHAGRIN BLVD., #102
BEACHWOOD OH 44122**

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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

NED S. WEINGART Jan 14, 2000 216/595-0
GENERAL PARTNER Date Daytime Phone #