2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31434 1. Entity Name						FILED				
ANCHOR I ASSOCIATES, LTD.					02 MAR 26 PM 3: 20					
Principal Place of Business 50 SOUTH MERIDIAN STREET. SUITE 202 INDIANAPOLIS IN 46204 Mailing Address 50 SOUTH MERIDIAN STREET INDIANAPOLIS IN 6204				雅勒宝[]]	SECRETARY OF STATE TALLAHASSEE. FLORIDA					
		دے ر								
2. Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #			#, etc.			DUE BY MAY 1, 2002				
City & Star	te	City & State			4. FEI Number	35-1747465		Applied For Not Applicable	Ĩ	
Zip Country		Zip Count		ntry	5. Certificate o	f Status Desired		75 Additional Required	1	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Register	ed Ager	ıt	1	
C T COR	PORATION SYSTEM	•	Name							
1200 S. PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324									1	
				City			=L	Zip Code	1	
8. The above	named entity submits this statement for	r the purpose of changing its	register	l ed office or registere	ed agent, or both				1	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if explicable		~·w		- DA				
9. Capital Co	entributions \$100.00	10. Amount of Capita		butions		11. MAKE CHECK PAYA	BLE TO		1	
as Shown	A GENERAL PARTNER T	in FLORIDA to da		IIST RE REGIST	FRED AND AC	SEE REVERSE SIDE		E INFORMATION	4	
	NOTE: General Partners MA	Y NOT be changed on the	e form	i; an amendmen	t must be filed	to change a general	partner	٠.		
12. DOCUMENT /	GENERAL PARTNER INFORMATION 1:				ADDRESS CHANGES ONLY					
NAME	DUNCAN, MICHAEL D. 50 S MERIDIAN ST #202 INDIANAPOLIS IN 46204		STRE	ET ADDRESS					3	
STREET ADDRESS CITY-ST-ZIP			CITY	- ST-ZIP	4 (***	100005181131-				
DOCUMENT # NAME	OST, FRED A., JR. 50 S MERIDIAN ST #202 INDIANAPOLIS IN 46204			ET ADDRESS	1. t.	-04/02/0201008014 ****141_25 ****141.2				
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP						
DOCUMENT #	MONTRIE, WILLIAM L.		STRE	ET ADDRESS						
STREET ADDRESS City-St-Zip	S 50 S MERIDIAN ST #202 INDIANAPOLIS IN 46204			-ST-ZiP						
OCCUMENT # NAME			STRE	ET ADDRESS					1	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		<u>-</u>			1	
OCCUMENT # IAME _a STREET (DORESS CITY-ST-ZIP			STRE	TET ADDRESS						
			CITY-	-ST-ZIP	-ZIP					
OCUMENT # IAME			STRE	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP						
14. I hereby of indicated the receiv	certify that the information supplied with on this report is true and accurate and t wer or trustee empowered to execute this	this filing does not qualify for that my signature shall have the report as required by Chapte	the exer he same er 620	mption stated in Sec rlegal effect as if ma lorida Statutes	otion 119.07(3)(i), ade under oath; t	Florida Statutes. I further nat I am a General Partne	certify th r of the li	at the information mited partnership or		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

red A. Ost, Jr.

(317)638-3900

Daytime Phone #