

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014078 AT

DOCUMENT # A31671

1. Entity Name
**MIDLAND PROPERTIES LIMITED PARTNERSHIP FOR CORPO
RATE INVESTORS**



FILED

03 APR -9 PM 4:23



Principal Place of Business
**33 NORTH GARDEN AVENUE, SUITE 1200
CLEARWATER FL 33755**

Mailing Address
**33 NORTH GARDEN AVENUE, SUITE 1200
CLEARWATER FL 33755**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **59-3075198** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MIDLAND FINANCIAL HOLDINGS, INC.
33 NORTH GARDEN AVENUE, SUITE 1200
CLEARWATER FL 33755**

7. Name and Address of New Registered Agent

Name

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. 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. **\$1,525,000.00**

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	
DOCUMENT #	K22808
NAME	MIDLAND EQUITY CORP.
STREET ADDRESS	33 NORTH GARDEN AVENUE, SUITE 1200
CITY-ST-ZIP	CLEARWATER FL 33755
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800015557158
CITY-ST-ZIP	04703703--01056--019 **526.25
STREET ADDRESS	
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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: SIGNATURE REQUIRED **C. ANGINO** 3/25/03 (727)461-4801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)