

2001 UNIFORM BUSINESS REPORT (UBR)

118286 AF

DOCUMENT # **A31823**

1. Entity Name

FALCON COVE ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business

**1650 LAKE SHORE DRIVE, SUITE 220
COLUMBUS OH 43204-4895**

Mailing Address

**1650 LAKE SHORE DRIVE, SUITE 220
COLUMBUS OH 43204-4895**

FILED
01 MAR -2 AM 10:53
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1327642

Applied For

Not Applicable

Zip

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

CAPITAL CONNECTION, INC.

417 E. VIRGINIA ST.

STE. 1

TALLAHASSEE FL 32301-1283

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.

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.

\$500,100.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$00,100

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 # **P34824**
NAME **INVESTMENT RESOURCES, INC**
STREET ADDRESS **1650 LAKE SHORE DRIVE, SUITE 220**
CITY-ST-ZIP **COLUMBUS OH 43204-4895**

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: **X**

VICTOR A. BAKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

X 3/27/01

Date

Daytime Phone #

CR2E003 (11/00)