

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32261**

Entity Name
MIDLAND PROPERTIES LIMITED PARTNERSHIP XV

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 PM 3:00

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

Mailing Address
**33 NORTH GARDEN AVENUE, SUITE 1200
CLEARWATER FL 33755-6610**



1. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3099492	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
9. Capital Contributions as Shown on record. \$1,572,750.00	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 # B97000000440	MIDLAND EQUITY II LIMITED PARTNERSHIP	STREET ADDRESS	
NAME	33 NORTH GARDEN AVENUE, SUITE 1200	CITY - ST - ZIP	
STREET ADDRESS	CLEARWATER FL 33755		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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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: **Ray E. Mathis, President** **4/10/00 (727) 461-4801**

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

CR2E003 (9/99)