


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014077 AT

**DOCUMENT # A32261**

1. Entity Name  
**MIDLAND PROPERTIES LIMITED PARTNERSHIP XV**



FILED

03 APR -9 PM 4: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>33 NORTH GARDEN AVENUE, SUITE 1200 CLEARWATER FL 33755</b>	Mailing Address <b>33 NORTH GARDEN AVENUE, SUITE 1200 CLEARWATER FL 33755</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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DUE BY MAY 1, 2003

4. FEI Number <b>59-3099492</b> ✓	Applied For
	Not Applicable

Zip	Country	Zip	Country
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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. **\$1,572,750.00**

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 #	<b>B9700000440</b>
NAME	<b>MIDLAND EQUITY II LIMITED PARTNERSHIP</b>
STREET ADDRESS	<b>33 NORTH GARDEN AVENUE, SUITE 1200</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33755</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>500015557005</b>
CITY-ST-ZIP	<b>01700V000010567-012 **526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>BB THOMAS</b>
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 FRICHARD E. ANGINO      3/25/03      (727) 461-4801

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

CR2E003 (10/02)