

2001 UNIFORM BUSINESS REPORT (UBR)

0000079 AF

DOCUMENT # A33354

1. Entity Name

NORTHGATE FINANCING PARTNERSHIP, LTD.

FILED

01 JUN 13 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O DARYL CRAMER & ASSOC., P.A. 515 N. FLAGLER DR., SUITE 910 WEST PLAM BEACH FL 33401	Mailing Address C/O DARYL CRAMER & ASSOC., P.A. 515 N. FLAGLER DR., SUITE 910 WEST PLAM BEACH FL 33401
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0506588	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DARYL CRAMER & ASSOCIATES, P.A.
515 N. FLAGLER DR., SUITE 910
WEST PALM BEACH FL 33401**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$592,500.00	10. Amount of Capital Contributions in FLORIDA to date. \$592,500.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	V55931 NORTHGATE FINANCING, INC. 515 N. FLAGLER DR., SUITE 910 WEST PLAM BEACH FL 33401
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	800004433228--8 -06/20/01--01097--002 ****446.25 ****446.25
STREET ADDRESS	
CITY-ST-ZIP	800004433228--8 -06/20/01--01097--003 ****88.75 ****88.75
STREET ADDRESS	
CITY-ST-ZIP	
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: *Fabrizio Lucchese* **FABRIZIO LUCCHESE** **APRIL 25, 2001** **905-882-1212**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)