

2002 UNIFORM BUSINESS REPORT (UBR)

0002774 AV

DOCUMENT # A33354
 1. Entity Name
NORTHGATE FINANCING PARTNERSHIP, LTD.

FILED
 02 APR 26 AM 9:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
C/O DARYL CRAMER & ASSOC., P.A. **C/O DARYL CRAMER & ASSOC., P.A.**
515 N. FLAGLER DR., SUITE 910 **515 N. FLAGLER DR., SUITE 910**
WEST PLAM BEACH FL 33401 **WEST PLAM BEACH FL 33401**

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, 2002

4. FEI Number **65-0506588** Applied For
 Not Applicable

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

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

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.

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

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 # **V55931**
 NAME **NORTHGATE FINANCING, INC.**
 STREET ADDRESS **515 N. FLAGLER DR., SUITE 910**
 CITY-ST-ZIP **WEST PLAM BEACH FL 33401**

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS **800005450298--6**
 CITY-ST-ZIP **-05/03/02--01065--013**
******535.00 ****535.00**

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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

Northgate Financing, Inc.
 SIGNATURE: *[Signature]* **CONFIDENTIAL REQUIRED** *22-04-02* 905-882-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)