## **2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)**

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DOCI	JMENT	# A	33354
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1. Entity Name NORTHGATE FINANCING PARTNERSHIP, LTD.



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		S High		1811 <b>9</b> 1 <b>1</b>

C/O DARYL CRAMER & ASSOC P.A. 3801 PGA BLVD SUITE 508 PALM BEACH GARDENS FL 33410-2758		C/O DARYL CRAMER & ASSOC P.A. 3801 PGA BLVD SUITE 508 PALM BEACH GARDENS FL 33410-2758				
2. Principal Place of Business		3. Mailing Address		1 (88) 81 (1888 ) 1 (88 1) (88 1) (81 4) (11 4) (81 4) (81 4) (81 4) (81 4) (81 4) (81 4) (81 4)		
Suite, Apt. #, etc. Suite,		Suite, Apt. #, etc.		DUE BY MAY 1, 2003		
City & State	e	City & State		4. FEI Number 65-0506588 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
DARYL CF	RAMER & ASSOCIATES, P.A.		Name Dar	yl Cramer & Associates, P.A.		
ſ	AGLER DR., SUITE 910			s (P.O. Box Number is Not Acceptable)		
	LM BEACH FL 33401		3801 PGA Boulevard Suite 508			
			City	Zip Code		
A 71: 1	1 - 12 - 1 - 1 - 1 - 1		Pal	m Beach Gardens = T   33416		
	named entity submits this statement to ions of registered agent.	r the purpose of changing its i		ered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE -	- Edd a	<u> </u>		B. Cramer, /res. 4/21/-5		
9. Capital Co	Signature, typed or printed name of registered agent antributions \$592,500.00		d Contributions \$592	= ::=		
as Shown o	on record.	1117 2011157 (10 00		OCL METERIOL OIDE FOR TEL INCOMMENTOR		
				STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.		
12.	GENERAL PARTNER		13.	ADDRESS CHANGES ONLY		
DOCUMENT #	V55931 NORTHGATE FINANCING,INC. RESS 515 N. FLAGLER DR., SUITE 910		STREET ADDRESS 3	801 PGA Boulevard, Suite 508		
NAME STREET ADDRESS CITY-ST-ZIP			CITY OF 7ID	Palm Beach Gardens, FL 33410-2758		
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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

SIAPLE UPEUN MENG

||RE:DFabrizio Lucchese

905-882-1212

Daytime Phone #

CR2E003 (10/02)