

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000329

1. Entity Name
CORIM-LAURA STREET, LTD.



FILED

03 JUN 23 AH 10: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
100 LAURA STREET
SUITE B-100
JACKSONVILLE FL 32201

Mailing Address
316 BERNARD RD.
#CLS-100
JACKSONVILLE FL 32218



2. Principal Place of Business

100 North Laura St

3. Mailing Address

100 North Laura St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE, F

4. FEI Number 59-6998201

Applied For

Not Applicable

Zip

32202

Country

Zip

32202

Country

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

NICHOLS, MAURICE E
100 LAURA STREET
JACKSONVILLE FL 32201

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32202

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

Maurice E. Nichols, MAURICE E. NICHOLS, General Mgr 06/18/03

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$8,370,962.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # F96000006627
NAME SCHNEIDER PROPERTIES CO.
STREET ADDRESS 2801 HIGHWAY 41 SOUTH
CITY-ST-ZIP ELKO GA 31025

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900021088779

06/23/03--01116--008 **535.00

DOCUMENT #
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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:

Maurice E. Nichols MAURICE E. NICHOLS 06/18/03 904 509 1099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0006438 AT