

2002 UNIFORM BUSINESS REPORT (UBR)

0017830 AT

DOCUMENT # **A93000000360**

1. Entity Name

EISENMANN TAMPA LIMITED PARTNERSHIP

FILED
02 FEB -4 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**300 EAST LONG LAKE ROAD,
SUITE 365
BLOOMFIELD HILLS MI 48304**

Mailing Address
**300 EAST LONG LAKE ROAD,
SUITE 365
BLOOMFIELD HILLS MI 48304**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number **38-3106437**

Applied For
Not Applicable

Zip

Country

Zip

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

**MARQUARDT, EMIL C JR.
400 CLEVELAND STREET, SUITE 800
CLEARWATER FL 34615**

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

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

DATE

9. Capital Contributions
as Shown on record.

\$5,630,210.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$5,630,210.00

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 # **F93000001784**
NAME **EISENMANN PROPERTIES, INC.**
STREET ADDRESS **300 EAST LONG LAKE ROAD, SUITE 365**
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48304**

STREET ADDRESS

CITY-ST-ZIP

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

Aloys K. Schwarz

SIGNATURE:

By: [Signature] Vice President of 1-28-02 248-645-1444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)