2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCU 1. Entity Name	MENT # A9 4	4000001272 📡		÷	
FIRST DARTMOUTH COMMERCIAL, LTD.					FILED
					2002 FEB 25 PM 3: 08
Principal Place of Business Mailing Address 742 2ND AVENUE SOUTH 742 2ND AVENUE			OUTL		
_	BURG FL 33701		742 2ND AVENUE SOUTH St. Petersburg Fl. 33701		DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA
Principal Place of Business 3. Mailing Address					— 1 106101) (218 1211) 2701) FOLL BOLL BOLL BOLL BOLL BOLL BOLL BOLL
Suite, Apt.	#. etc.	Suite, Apt, #, etc.	Suite, Apt. #, etc.		
·					DUE BY MAY 1, 2002
City & State		City & State	City & State		4. FEI Number 59-3269035 Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Current Registered Agent				N	7. Name and Address of New Registered Agent
RICE, MARTIN E				Name	
742 2ND AVENUE SOUTH				Street Address (P.O. Box Number is Not Acceptable)	
ST. PETE	RSBURG FL 33701				te 200
				City ST.	Peters burg FL Zip Code >01
8. The above	named entity submits this state	ment for the purpose of changing its	register	ed office or regist	ered agent, or both, in the State of Florida.
SIGNATURE .					
Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions \$2,088.00 10. Amount of Capital Contributions				DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
as Shown	on record.	in FLORIDA to da	ate.		SEE REVERSE SIDE FOR FEE INFORMATION.
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE NOTE: General Partners MAY NOT be changed on the form; an ar				ius i BE REGIS n; an amendme	ent must be filed to change a general partner.
12. GENERAL PARTNER INFORMATION DOCUMENT / P93000027202				1	ADDRESS CHANGES ONLY
NAME	DARTMOUTH DEVELOPMENT I, INC.		STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	
DOCUMENT #	P94000067463	<u> </u>	STRE	ET ADDRESS	
STREET ADDRESS	TET ADDRESS 742 2ND AVENUE SOUTH		CITY	-ST-ZIP	3000050318937
CITY-ST-ZIP DOCUMENT #	<u> </u>				3000050318937 -03/01/0201033008 ****150.00 ****150.00
NAME			STRE	ET ADDRESS	*****130.00 *****130.00
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	
DOCUMENT #			STRE	ET ADDRESS	
STREET ADDRESS			CITY	-ST-ZIP	
CITY-ST-ZIP DOCUMENT #			-		
NAME			STRE	ET ADDRESS	1,
STREET ADDRESS CITY-ST_2IP			CITY	-ST-ZIP	34
DOCUMENT # NAME			STRE	ET ADDRESS	
STREET ADDRESS			CITY-	-ST-ZIP	
CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the					Section 119 07(3Vi) Florida Statutes I further certify that the information
indicated the receiv	on this report is true and accura	ate and that my signature shall have the	he same	legal effect as if	section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or