

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000784

1. Entity Name
41 INDUSTRIAL CENTER LIMITED PARTNERSHIP

Principal Place of Business: 2120 L STREET. N.W. SUITE 800 WASHINGTON DC 20037
Mailing Address: 2120 L STREET. N.W. SUITE 800 WASHINGTON DC 20037-1527

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR -4 PM 6:37



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **52-1930025** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**TRYBUS, RONALD H
601 BAYSHORE BLVD.
SUITE 800
TAMPA FL 33606**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$176,364.00**

10. Amount of Capital Contributions in FLORIDA to date.

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	
DOCUMENT #	P95000036522
NAME	INDUSTRIAL CENTER, INC.
STREET ADDRESS	2120 L STREET, NW, STE. 800
CITY - ST - ZIP	WASHINGTON DC 20037
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	800003213798--8
STREET ADDRESS	84/19/00 01005-012 ***526.25 ***526.25
CITY - ST - ZIP	<i>B/c 4/11</i>
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
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CITY - ST - ZIP	
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: *Estelle S. Gelman* **SIGNATURE REQUIRED** *Estelle S. Gelman* 3/15/00 202-872-9070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)