

2001 UNIFORM BUSINESS REPORT (UBR)

0017812 AF

DOCUMENT # A95000000784

1. Entity Name
41 INDUSTRIAL CENTER LIMITED PARTNERSHIP

FILED

nf

01 JAN 29 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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 _____

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	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	200003630282-4 -02/02/01--01042--029 ***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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

Industrial Center, Inc. General Partner

SIGNATURE: By: *SCOTT K. LEVENSON* Treasurer **1/16/2001** **202-872-9070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **SCOTT K. LEVENSON** Date Daytime Phone #

CR2E003 (11/00)