

2002 UNIFORM BUSINESS REPORT (UBR)

0018868 AB

DOCUMENT # A95000000784

1. Entity Name
41 INDUSTRIAL CENTER LIMITED PARTNERSHIP

FILED
02 JAN 15 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

DUE BY MAY 1, 2002

4. FEI Number 52-1930025	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ 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
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P95000036522 INDUSTRIAL CENTER, INC. 2120 L STREET, NW, STE. 800 WASHINGTON DC 20037
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	000004782810--8 -01/18/02--01003-019 ****526.25 ****526.25
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

SIGNATURE: Industrial Center, Inc., General Partner
By: **SIGNATURE REQUIRED** Treasurer **1/8/02** **202-872-9070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER State Daytime Phone #

CPRE003 (9/01)