## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## A95000000784 **DOCUMENT #**

1. Entity Name

41 INDUSTRIAL CENTER LIMITED PARTNERSHIP



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Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite   Suite, Apt. 8, etc.   DUE BY MAY 1, 2003   City & State   Country   Zip   Country   Zip   Country   S. Certificate of Statue Desired   \$3.75 Additional Fee Plequing   Fee Plequin	2120 L STREET, N.W. SUITE 800			2120 l' street, n.w. Suite 800		
City & State  Country  Country  Zip  Country  Zip  Country  Zip  Country  Size  Size  Country  Size  Size  Country  Size  Size  Country  Size  Country  Size  Size  Size  Country  Size  Size  Size  Country  Size  Size  Size  Size  Country  Size  Size  Size  Size  Country  Size  Country  Size  Country  Size  Size  Size  Country  Size  Size  Size  Country  Size  Size  Country  Size	2. Principal Place of Business			3. Mailing Address		- 1344 144 444 444 444 444 444 444 444 44
Colly & State	Suite, Ap	ot. #, etc.		Suite, Apt. #, etc.		
20	City & State			City 9 Chats	•	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The Address of New Registered Agent  8. The Address of New Registered Agent  8. The Address of New Registered Agent  9. Capital Contributions  9. Capital Con	70					32-1930025
TRYBUS, RONALD H 601 BAYSHORE BLVD.  SUTIE 800 TAMPA FL 33606  8. The above named entity submits this statement for the purpose of changing its registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered entity submits this statement for the purpose of changing its registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered entity submits this statement for the purpose of changing its registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered entity submits this statement for the purpose of changing its registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered entity submits this statement for the purpose of changing its registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and acce	- 210			·	Country	5. Certificate of Status Desired \$8.75 Additional
TRYBUS, RONALD H 601 BAYSHORE BUD. SUITE 800 TAMPA FL 33606  8. The above named entity subunits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, in the State of Florida. I am familiar with, and accept the obligations of registered agent, in the State of Florida. I am familiar with, and accept the florida. I am familiar with, and accept the florida of Florida of Florida of Fl		6. Name a	nd Address of Current	Registered Agent		
SUITE 800 TAMPA FL 33606  City FL Z/p Codo  City	TRYBUS,	, RONALD H		•	Name	
TAMPA FL 33806  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. I am familiar with, and accept agent.  SIGNATURE  9. Ceptial Contributions as Shown or record.  • Captial Contributions as Shown or record.  • The Ageneral Partners May Not be changed on the flow of the Partners May Not be changed on the flow of the Partners May Not be changed on the flow of the Partners May Not be changed on the form; an amendment must be filed to change a general partner.  12. General Partners May Not be changed on the form; an amendment must be filed to change a general partner.  13. ADDRESS CHANGES ONLY  14. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SER REVENS: SIDE FOR FEE INFORMATION  15. ADDRESS CHANGES ONLY  16. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SER REGISTERED AND ACTIVE WITH THIS OFFICE.  17. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  18. ADDRESS CHANGES ONLY  19. ADDRESS CHANGES ONLY  20. CHANGE CHECK PAYABLE TO FL. DEPT. OF STATE ADDRESS CHANGES ONLY  20. CHANGE CHECK PAYABLE TO FL. DEPT. OF STATE ADDRESS CHANGES ONLY  20. CHANGE CHECK PAYABLE TO FL. DEPT. OF STATE ADDRESS CHANGES ONLY  20. CHANGE CHECK PAYABLE TO FL. DEPT. OF STATE ADDRESS CHANGES ONLY  20. CHANGE CHECK PAYABLE TO FL. DEPT. OF STATE ADDRESS CHANGES ONLY  20. CHANGE CHECK PAYABLE TO FL. DEPT. OF STATE ADDRESS CHANGES ONLY  20. CHANGE CHECK PAYABLE TO FL. DEPT. OF STATE ADDRESS CHANGES ONLY  20. CHANGE CHECK PAYABLE TO FL					Street Address	s (P.O. Box Number is Not Acceptable)
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signatu						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signat						FI Zip Code
SIGNATURE   Signature   September   Septem	8. The above the obliga	e named entity s	submits this statement for	the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. Lam familiar with, and accept
9. Capital Contributions as Shown or record.  \$ 176,364.00  10. Amount of Capital Contributions as Shown or record.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  OCCUMBIT / NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMBIT / NAME STREET ADDRESS  OTY-ST-ZIP  DOCUMBIT / WASHINGTON DC 20037  DOCUMBIT						1
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMENT / MAKE STREET ADDRESS CITY-ST-ZIP  CITY-ST-Z	9 Conital Ca		printed name of registered agent ar			DATE
A GENERAL PARTINER HAT 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 filled to change a general partner.  GENERAL PARTINER INFORMATION  13. ADDRESS CHANGES ONLY  DODUMENT / NAME  STREET ADDRESS  CITY-ST-ZIP  DOCUMENT / NAME  STREET ADDRESS STREET	as Shown on record. \$1/0,364.00			in FLORIDA to di	ate.	SEE REVIEWE COD FOR INFORMATION
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CITY-ST-ZIP	NAME				STREET ADDRESS	
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	ITY-ST-ZIP					

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: By:SIC

rial Center, Inc., G.P.

1/3/03

202-872-9070