


2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000002349			
1. Entity Name COLUMBUS WAREHOUSE PROPERTY, LTD.			
Principal Place of Business 6730 EPPING FOREST WAY. N. #107 JACKSONVILLE FL 32217		Mailing Address 6730 EPPING FOREST WAY. N. #107 JACKSONVILLE FL 32217	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent POLLAK, LEWIS B JR. 6730 EPPING FOREST WAY N., #107 JACKSONVILLE FL 32217		7. Name and Address of New Registered Agent Name LEWIS B. POLLAK SR. 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 <u>LEWIS B. POLLAK SR.</u> DATE <u>3/5/01</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. Capital Contributions as Shown on record. \$1,500,000.00		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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000101780 COLUMBUS WAREHOUSE MANAGEMENT, INC. 6730 EPPING FOREST WAY, N. #107 JACKSONVILLE FL 32217	STREET ADDRESS CITY-ST-ZIP	200003829322--9 -03/09/01--01138--010 ****\$26.25 ****\$26.25
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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: <u>LEWIS B. POLLAK SR.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<u>3/5/01</u> <u>904/732-3045</u> <small>Date Daytime Phone #</small>	

FILED
01 MAR -5 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)