

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000057**

1. Entity Name

GOLDSMITH, AGIO, HELMS & LYNNER, LTD.

FILED

00 JAN 27 PM 3: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**FIRST BANK PLACE
601 SECOND AVENUE SOUTH, 46TH FLOOR
MINNEAPOLIS MN 55402**

Mailing Address
**FIRST BANK PLACE
601 SECOND AVENUE SOUTH, 46TH FLOOR
MINNEAPOLIS MN 55402-4303**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **41-1885411**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. **\$2,202,750.00**

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 #	F93000002236	STREET ADDRESS	
NAME	GOLDSMITH, AGIO, HELMS & COMPANY, INC.	CITY - ST - ZIP	
STREET ADDRESS	601 SECOND AVENUE SOUTH, 46TH FLOOR		
CITY - ST - ZIP	MINNEAPOLIS MN 55402		
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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: **LILIANA REKILER RECHA, VICE PRESIDENT** 1/20/00 612-339-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER AND CONTROLLER OF GP

0018434

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CR2E003 (9/99)