

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001731**

1. Entity Name
1725 MLK LIMITED PARTNERSHIP

FILED

00 MAY -4 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**5609 N. ARMENIA AVE
TAMPA FL 33603**

Mailing Address
**1725 W DR. MARTIN LUTHER KING JR BLVD
TAMPA FL 33607-6507**

2. Principal Place of Business
**1725 W. DR. MARTIN L. KING JR
BLVD
TAMPA FL**

3. Mailing Address
**1725 W DR. MARTIN LUTHER KING JR BLVD
TAMPA FL 33607-6507**

4. FEI Number **59-3462267** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**FINANCIAL ANALYSIS AND REPORTS, INC.
1725 W DR M.L. KING BLVD
TAMPA FL 33607**

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. **\$2,000.00**

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	
DOCUMENT #	S45452
NAME	FINANCIAL ANALYSIS AND REPORTS, INC.
STREET ADDRESS	5609 N. ARMENIA AVE
CITY - ST - ZIP	TAMPA FL 33603
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	300003286873--6
CITY - ST - ZIP	-06/13/00--01042--022
STREET ADDRESS	****141.25 ****141.25
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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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: **Barbara J. [Signature]** FINANCIAL ANALYSIS AND REPORTS, INC G/P **4/30/2000** 813-879-6110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CF 2 0001 (UBR)