

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001862

1. Entity Name

MERIDIAN COMMERCIAL PROPERTIES LIMITED PARTNERSH

FILED

00 FEB -4 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7777 GLADES ROAD #201
BOCA RATON FL 33434

Mailing Address

20500 CIVIC CENTER, STE. 3000
SOUTHFIELD MI 48076-4108

2. Principal Place of Business

3. Mailing Address

7777 Glades Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. # 201

City & State

City & State

Boca Raton, FL

4. FEI Number

38-3400454

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

33434

USA

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

SCHMIER, JEFFREY L

7777 GLADES ROAD #201

BOCA RATON FL 33434

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$4,000.00

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 #

P97000074863

NAME

HSGS, INC.

STREET ADDRESS

20500 CIVIC CENTER DRIVE #3000

CITY - ST - ZIP

SOUTHFIELD MI 48076

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #