

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0012124
AT

DOCUMENT # A97000001862

1. Entity Name

MERIDIAN COMMERCIAL PROPERTIES LIMITED PARTNERSH
IP

02 APR 22 PM 3: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7777 GLADES ROAD #201 BOCA RATON FL 33434	Mailing Address 7777 GLADES ROAD #201 BOCA RATON FL 33434
---	---



2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

DUE BY MAY 1, 2002	
4. FEI Number 38-3400454	Applied For Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

SCHMIER, JEFFREY L
7777 GLADES ROAD #201
BOCA RATON FL 33434

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

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	STREET ADDRESS	
NAME	HSGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	20500 CIVIC CENTER DRIVE #3000		
CITY-ST-ZIP	SOUTHFIELD MI 48076		
DOCUMENT #		STREET ADDRESS	200005361652--8
NAME		CITY-ST-ZIP	-04/29/02--01014--008
STREET ADDRESS			****141.25 ****141.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: Melissa Crowe 4/16/02 561-483-2330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)