

2001 UNIFORM BUSINESS REPORT (UBR)

0018981 AB

DOCUMENT # **A98000000416**

1. Entity Name
MBS-REGENTS WALK, LTD.

Principal Place of Business
**ONE GALLERIA BLVD., SUITE 1950
METAIRIE LA 70001**

Mailing Address
**ONE GALLERIA BLVD., SUITE 1950
METAIRIE LA 70001**

FILED

01 MAR 13 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **72-1414790**

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

**SMUCK, MICHAEL B
13016 LEEDS COURT
TAMPA FL 33612**

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 _____
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. **\$913,770.00**

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 # **L98000000182**
NAME **13016 LEEDS, LLC.**
STREET ADDRESS **ONE GALLERIA BLVD., SUITE 1950**
CITY-ST-ZIP **METAIRIE LA 70001**

STREET ADDRESS

CITY-ST-ZIP

600003854896--6
-03/15/01--01102--010
******526.25 ****526.25**

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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: _____

SIGNATURE Michael B Smuck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-15-01

Date

94836 5075

Daytime Phone #

CR2E003 (11/00)