

2001 UNIFORM BUSINESS REPORT (UBR)

0014520 AF

DOCUMENT # A98000000758

1. Entity Name

OREGON PARTNERS NO. 15, LIMITED PARTNERSHIP

FILED

01 APR 27 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O BARCLAY GROUP 1123 OVERCASH DRIVE DUNEDIN FL 34698	Mailing Address C/O BARCLAY GROUP 1123 OVERCASH DRIVE DUNEDIN FL 34698
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2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3500494**

Applied For
Not Applicable

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

HUDOBA, STEPHEN M
101 EAST KENNEDY BLVD., STE. 3700
TAMPA FL 33602

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. (NOT: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$100.00**

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 #	J14545
NAME	OREGON PROPERTIES, INC.
STREET ADDRESS	C/O BARCLAY GROUP/1123 OVERCASH DRIVE
CITY-ST-ZIP	DUNEDIN FL 34698

STREET ADDRESS	
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STREET ADDRESS	2000004217802--B
CITY-ST-ZIP	-05/15/01--01102--005
STREET ADDRESS	****141.25 ****141.25
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/29/01 727 733 7585
Date Daytime Phone #

CR2E003 (11/00)