

2002 UNIFORM BUSINESS REPORT (UBR)

0013647 AT

DOCUMENT # A98000002015

1. Entity Name

LEWALLEN INVESTMENT PARTNERSHIP, LTD.

FILED

'02 MAR 21 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

741 37TH AVENUE N.E.
ST. PETERSBURG FL 33704

Mailing Address

741 37TH AVENUE N.E.
ST. PETERSBURG FL 33704

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

59-3529830

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWALLEN, JAMES E
741 37TH AVENUE N.E.
ST. PETERSBURG FL 33704

7. Name and Address of New Registered Agent

Name

Holger D. Gleim

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

150 2nd Avenue N, Suite 1100

City

St. Petersburg

FL

Zip Code

33701

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.

3-18-02

DATE

9. Capital Contributions
as Shown on record.

\$5,500,000.00

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 # P98000069940
NAME LEWALLEN MANAGEMENT COMPANY
STREET ADDRESS 741 37TH AVENUE NORTHEAST
CITY-ST-ZIP ST. PETERSBURG FL 33704

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

~~9800005173009-2~~

-03/27/02--01088--016

****535.00 ****535.00

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

SCOTT A. ARNDT
TREASURER OF THE
GENERAL PARTNER

3/12/02

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE