2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002288 1. Entity Name BOULEVARD RETAIL PARTNERS, LTD.									SECRETARY OF STATE DIVISION OF CORPORATIONS					
Principal Place of Business C/O HARRISON EQUITIES, INC. 14502 NORTH DALE MABRY. SUITE 200 TAMPA FL 33618 Mailing Address C/O HARRISON EQUITIES. 14502 NORTH DALE MABRY TAMPA FL 33618-2040						E 200			2 AM 8: 4				ľ	
Principal Place of Business 3. Mailing Address													ļ	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				ļ	DO NOT WRI	TE IN THIS SF	ACE			
City & State				City & State				4. FEI Number 59-3536446 Applied For Not Applicable					ole	
Zip	Zip Country			Zip Count			5. Certificate of Status Desired \$8.75 Fee Requ				Additional uired			
	6. Name	and Address of Current	Regist	tered Agent				7. Name and A	Address of New F	Registered Ag	ent		\Box	
		MABRY, SUITE 200	,—			Street A	Address (I	P.O. Box Number	is Not Acceptable	FL	Zip (Code		
8. The above	named entit	y submits this statement fo	or the p	urpose of changing its	registere	ed office o	r register	ed agent, or both	, in the State of Fig		I		\dashv	
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if	applicable (NOT	E: Registere	d Agent signal	ture required	when reinstating)		DATE				
9. Capital Contributions \$9,900.00 10. Amount of Capital Cinc Shown on record.						outions	#9,9	100.00	11. MAKE CHEC	K PAYABLE T SE SIDE FOR				
		GENERAL PARTNER 1 : General Partners MA									6 F			
12.	NOIE	GENERAL PARTNER			13.	, all allie	enumen.	t must be meu	ADDRESS CH		CI.		\dashv	
DOCUMENT#	п# P95000014808												66	
NAME STREET ADDRESS CITY-ST-ZIP	HARRISON EQUITIES, INC. 14502 NORTH DALE MABRY, SUITE 200 TAMPA FL 33618					et address - ST-ZIP	}						CR2E003 (9/99)	
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indicated	on this repor	e information supplied with it is true and accurate and empowered to execute thi	that m s repor	y šignature shali háve t as required by Chap	the same ter 620, F	legal effe lorida Sta	ect as if m tutes	ade under oath; t	hat I am a Genera	al Partner of th	e fimite	d partnership	or	
SIGNATURE: Date SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone *														