

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A98000002567**

1. Entity Name
M.C. REALTY GROUP, LTD.



Principal Place of Business
**2317 TARLETON TWINS TERRACE
CHARLOTTE NC 28270**

Mailing Address
**2317 TARLETON TWINS TERRACE
CHARLOTTE NC 28270**

FILED

2003 APR 17 AM 8:04

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **58-2426501**

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

**FORMAN, ROBERT S ESQ.
2101 WEST COMMERCIAL BLVD., SUITE 4100
FORT LAUDERDALE FL 33309**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$450,000.00

10. Amount of Capital Contributions

in FLORIDA to date. **450,000.00**

11. MAKE CHECK PAYABLE TO FL. 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 # **P98000095599**
NAME **DIXIE MANOR, INC.**
STREET ADDRESS **2317 TARLETON TWINS TERRACE**
CITY-ST-ZIP **CHARLOTTE NC 28270**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **F99000006229**
NAME **FAITH REALTY, INC.**
STREET ADDRESS **106 ACCESS ROAD**
CITY-ST-ZIP **NORWOOD MA 02062**

STREET ADDRESS

CITY-ST-ZIP

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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 REQUIRED

Michael Calandra,
Pres. of Dixie Manor, Inc.

704-779-5590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0018312 MB