

2001 UNIFORM BUSINESS REPORT (UBR)

0014750 AF

DOCUMENT # A99000001203

1. Entity Name
37TH STREET NORTH LIMITED PARTNERSHIP, L.L.P.

Principal Place of Business: **1001 37TH STREET NORTH ST. PETERSBURG FL 33713**

Mailing Address: **1001 37TH STREET NORTH ST. PETERSBURG FL 33713**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

FILED
01 MAY 18 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3588262** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER FL 33756

7. Name and Address of New Registered Agent
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: _____ (NOTE: 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 #	EATON, KOCO M.D.	STREET ADDRESS	
NAME	1001 37TH STREET NORTH	CITY-ST-ZIP	
STREET ADDRESS	ST. PETERSBURG FL 33713		
CITY-ST-ZIP			
DOCUMENT #	TOLLI, THOMAS M.D.	STREET ADDRESS	000004417800-2
NAME	1001 37TH STREET NORTH	CITY-ST-ZIP	-06/13/01 -01059-017
STREET ADDRESS	ST. PETERSBURG FL 33713		***150.00 ***150.00
CITY-ST-ZIP			
DOCUMENT #	MIXA, THOMAS M M.D.	STREET ADDRESS	
NAME	1001 37TH STREET NORTH	CITY-ST-ZIP	
STREET ADDRESS	ST. PETERSBURG FL 33713		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		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: _____ **SIGNATURE REQUIRED** _____ **4/19/01** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)