

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A99000001203

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

1001 37TH STREET NORTH  
ST. PETERSBURG, FL 33713

**New Principal Place of Business:**

**Current Mailing Address:**

1001 37TH STREET NORTH  
ST. PETERSBURG, FL 33713

**New Mailing Address:**

**FEI Number:** 59-3588262

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN S  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: TOLLI, THOMAS M.D.  
Address: 1001 37TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: MIXA, THOMAS M M.D.  
Address: 1001 37TH STREET NORTH SUITE C  
City-St-Zip: ST. PETERSBURG, FL 33713

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS C TOLLI

PTNR

02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date