

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013945 AT

DOCUMENT # A99000001203

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



FILED

03 APR 16 PM 2:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4/16

DUE BY MAY 1, 2003

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

9. Capital Contributions as Shown on record. \$100.00

10. Amount of Capital Contributions in FLORIDA to date.

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	
DOCUMENT #	EATON, KOCO M.D.
NAME	1001 37TH STREET NORTH
STREET ADDRESS	ST. PETERSBURG FL 33713
CITY-ST-ZIP	
DOCUMENT #	TOLLI, THOMAS M.D.
NAME	1001 37TH STREET NORTH
STREET ADDRESS	ST. PETERSBURG FL 33713
CITY-ST-ZIP	
DOCUMENT #	MIXA, THOMAS M M.D.
NAME	1001 37TH STREET NORTH
STREET ADDRESS	ST. PETERSBURG FL 33713
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	200016121162 04/16/03--01065--018 **150.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (10/02)

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] **SIGNATURE REQUIRED**

Date: 4/8/03 Daytime Phone #

SAMPLE CHECK FILE