

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002855 AB

DOCUMENT # **A99000001490**

1. Entity Name  
**MAINSAIL INVESTMENTS LIMITED PARTNERSHIP**

**FILED**

OCT 19 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**7401 LOUISBURG ROAD  
RALEIGH NC 27616**

Mailing Address  
**7401 LOUISBURG ROAD  
RALEIGH NC 27616**

2. Principal Place of Business  
3. Mailing Address

Suite, Apt. #, etc.

**DUE BY SEPTEMBER 26, 2001**

City & State

4. FEI Number **56-2156344**

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

**TURNER, SUSAN K  
6033 34TH STREET W. #56  
BRADENTON FL 34205**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$485.00**

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 #	<b>P99000079696</b>
NAME	<b>MANHATTEN MANAGEMENT, INC.</b>
STREET ADDRESS	<b>7401 LOUISBURG ROAD</b>
CITY-ST-ZIP	<b>RALEIGH NC 27604</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
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CITY-ST-ZIP	
STREET ADDRESS	<b>408004653744-1</b>
CITY-ST-ZIP	<b>-10/25/01--01074--004 ****541.25 ****541.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

*LP 452.50  
88.75 - Adm*

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: *Susan Foster* **SIGNATURE REQUIRED** *SUSAN FOSTER President 9/12/01*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/01)