

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001508**

1. Entity Name  
**THE FIRST NEW YORK MUNICIPAL INVESTMENT GROUP, L  
TD.**



Principal Place of Business  
**6860 GULFPORT BLVD., #328  
ST. PETERSBURG FL 33707**

Mailing Address  
**P.O. BOX 3333  
APOLLO BEACH FL 33572**

**FILED**  
**03 APR -9 PM 12:47**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



2. Principal Place of Business  
**818 Symphony Isles, 818 Symphony Isles**  
Suite, Apt. #, etc.  
**Apollis Beach**  
City & State  
**Florida**  
Zip  
**33572** Country  
**USA**

3. Mailing Address  
**818 Symphony Isles**  
Suite, Apt. #, etc.  
**Apollis Beach**  
City & State  
**Florida**  
Zip  
**33572** Country  
**USA**

**DUE BY MAY 1, 2003**

4. FEI Number **59-3614721** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**DOUGLAS, JAMES**  
**818 SYMPHONY ISLES BLVD.**  
**APOLLO BCH FL 33572**

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. 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 **\$500,001.00** as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. **-0-** 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 #	<b>P99000076277</b>	STREET ADDRESS	<b>818 Symphony Isles</b>	
NAME	<b>MTLPC, INC.</b>	CITY-ST-ZIP	<b>Apollis Beach, Florida</b>	
STREET ADDRESS	<b>6860 GULFPORT BLVD., #328</b>		<b>33572</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33707</b>			
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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** **1-2303**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)

0013119 AT