

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED.

01 APR 30 PM 6:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A99000001776

1. Entity Name

MOUNTAIN PASS ASSOCIATES, LTD.

Principal Place of Business

1761 WEST HILLSBORO BLVD., SUITE 405  
DEERFIELD BEACH, FL 33442

Mailing Address

1761 WEST HILLSBORO BLVD., SUITE 405  
DEERFIELD BEACH, FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0957418

Applied For  
Not Applicable

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

LENOFF, STEVEN

1761 WEST HILLSBORO BLVD., SUITE 405  
DEERFIELD BEACH, FL 33442

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

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

(NOTE: Registered Agent signature required when relinquishing)

DATE

9. Capital Contributions  
as Shown on record.

\$2,448,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$6,579.00

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 # P99000093146  
NAME STRAIGHT LINE FINANCIAL, INC.  
STREET ADDRESS 1761 WEST HILLSBORO BLVD., SUITE 405  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

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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 exception 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Steven Lenoff  
as Pres. of GFP

Date

27 Apr 01

Daytime Phone #

CR2E003 (11/00)