

2001 UNIFORM BUSINESS REPORT (UBR)

0018477 AF

DOCUMENT # **B00000000125**

1. Entity Name

PTP PARTNERSHIP, LTD.

Principal Place of Business

**4116 BEARD AVENUE SOUTH
MINNEAPOLIS MN 55410**

Mailing Address

**4116 BEARD AVENUE SOUTH
MINNEAPOLIS MN 55410**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-1846571

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

**TITTLE, CHARLES P
91760 OVERSEAS HIGHWAY
TAVERNIER FL 33070**

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 reinstating)

DATE

9. Capital Contributions as Shown on record.

5. A filed 482,535

10. Amount of Capital Contributions in FLORIDA to date.

482,535

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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
**SMYTH, PATRICK
4116 BEARD AVENUE SOUTH
MINNEAPOLIS MN 55410**

STREET ADDRESS

CITY - ST - ZIP

FF \$ 526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**SMYTH, ANTHONY M
617 WEST FULLERTON PARKWAY
CHICAGO IL 60614**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**MARKSTROM, PAUL F
2457 WEST HIGHWAY 61
LUTSEN MN 55612**

STREET ADDRESS

CITY - ST - ZIP

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*******526.75 *****526.25**

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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:

PATRICK D. SMYTH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/16/01
Date

612-920-2620
Daytime Phone #

CR2E003 (11/00)