

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **B00000000270**

1. Entity Name
MOYAR GROUP LIMITED PARTNERSHIP



Principal Place of Business
**1375 EAST NINTH STREET, SUITE 2350
CLEVELAND OH 44120**

Mailing Address
**1375 EAST NINTH STREET, SUITE 2350
CLEVELAND OH 44120**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

FILED

03 MAR 28 AM 9:47

STATE OF FLORIDA
DEPARTMENT OF STATE
TAX DIVISION



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

DATE

9. Capital Contributions as Shown on record.	\$5,000.00	10. Amount of Capital Contributions in FLORIDA to date.	14/25 <small>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</small>
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**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	MOYAR, BERT W 16257 ALDERSYDE DRIVE SHAKER HEIGHTS OH 44120	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MOYAR, MARJORIE M 16257 ALDERSYDE DRIVE SHAKER HEIGHTS OH 44120	STREET ADDRESS	2000014904972 03/28/03-01034--018 **141.25
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	

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: **SIG BERT W MOYAR** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/1/03

216 589-0441

Daytime Phone #