

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015458 AF

APPROVED  
AND  
FILED

01 MAY -1 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

|   |  |  |         |
|---|--|--|---------|
| <b>DOCUMENT # B00000000341</b>  |  |  |         |
| 1. Entity Name<br><b>OKLAHOMA TAMPA LIMITED PARTNERSHIP</b>   |  |  |         |
| Principal Place of Business<br><b>380 UNION STREET<br/>WEST SPRINGFIELD MA 01089</b>  |  | Mailing Address<br><b>380 UNION STREET<br/>WEST SPRINGFIELD MA 01089</b> |         |
| 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 <b>04-353 5355</b>  |  |  |         |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |  |         |
| 6. Name and Address of Current Registered Agent<br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION FL 33324</b>  |  |  |         |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |         |
| 9. Capital Contributions as Shown on record. <b>\$1,000.00</b>  |  | 10. Amount of Capital Contributions in FLORIDA to date. <b>1,000.00</b>  |         |
| 11. MAKE CHECK PAYABLE TO DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION  |  |  |         |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |  |  |         |
| 12. GENERAL PARTNER INFORMATION   |  |  |         |
| DOCUMENT #  | P34379   |  |         |
| NAME  | NEPSA PROPERTY INVESTORS, INC.                 |  |         |
| STREET ADDRESS  | 380 UNION STREET                               |  |         |
| CITY-ST-ZIP   | WEST SPRINGFIELD MA 01089                      |  |         |
| DOCUMENT #  |  |  |         |
| NAME  |  |  |         |
| STREET ADDRESS  |  |  |         |
| CITY-ST-ZIP   |  |  |         |
| DOCUMENT #  |  |  |         |
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| STREET ADDRESS  |  |  |         |
| CITY-ST-ZIP   |  |  |         |
| 13. ADDRESS CHANGES ONLY  |  |  |         |
| STREET ADDRESS  | 700004275617--4                                |  |         |
| CITY-ST-ZIP   | -05/22/01--01027--008<br>****141.25 ****141.25 |  |         |
| STREET ADDRESS  |  |  |         |
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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: <i>[Signature]</i> <b>RECEIVED</b> <i>[Signature]</i> <b>4/25/01</b> <b>(413) 781-0734 x322</b>  |  |  |         |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>  |  |  |         |

CR2E003 (11/00)