

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 JAN 14 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NJR



DOCUMENT # B01000000273

1. Entity Name

THE MACINTOSH LAND COMPANY LIMITED PARTNERSHIP

Principal Place of Business

7100 E. PLEASANT VALLEY ROAD, SUITE 300
INDEPENDENCE OH 44131

Mailing Address

7100 E. PLEASANT VALLEY ROAD, SUITE 300
INDEPENDENCE OH 44131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

34-1706476

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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.

DATE

9. Capital Contributions
as Shown on record.

\$396.00

10. Amount of Capital Contributions
in FLORIDA to date.

0

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 # **F0100004228**
NAME **MACINTOSH LAND INVESTMENT COMPANY**
STREET ADDRESS **7100 E. PLEASANT VALLEY ROAD, SUITE 300**
CITY-ST-ZIP **INDEPENDENCE OH 44131**

STREET ADDRESS
CITY-ST-ZIP
600004790176--8
-01/22/02--01127--018
******141.25 ****141.25**

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/7/02

Date

216-643-9000

Daytime Phone #

CR2E003 (9/01)