


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020824 MB

DOCUMENT # B01000000379	
1. Entity Name BRIDGE-236 III, L.P.	

FILED

03 APR 29 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2950 BUSKIRK AVENUE, #312 WALNUT CREEK CA 94597	Mailing Address 2950 BUSKIRK AVENUE, #312 WALNUT CREEK CA 94597
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 68-0474031	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
GRITCHFIELD, DANA C/O PIPER MARBURY RUDNICK & WOLFE LLP 101 EAST KENNEDY BLVD., SUITE 2000 TAMPA FL 33602	

7. Name and Address of New Registered Agent	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$613,800.00 - 8,640.00	10. Amount of Capital Contributions in FLORIDA to date. 1,243	11. MAKE CHECK PAYABLE TO FL. 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 #	M01000002437	STREET ADDRESS	
NAME	BRIDGE PARTNERS II LLC	CITY - ST - ZIP	
STREET ADDRESS	2950 BUSKIRK AVENUE, #312		
CITY - ST - ZIP	WALNUT CREEK CA 94597		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	04/23/03 - 01092 - 018 **141.25
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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 4/22/03 725-256-9448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE