

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021421 FP

DOCUMENT # B01000000410



FILED

03 FEB -6 AM 9:00

1. Entity Name
ST. ALBANS FINANCIAL COMPANY LIMITED PARTNERSHIP

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business
**C/O J. YAMPOLSKY
ED 628 GREENHILL
WYNNEWOOD PA 19096**

Mailing Address
**C/O J. YAMPOLSKY
ED 628 GREENHILL
WYNNEWOOD PA 19096**

2. Principal Place of Business
Suite, Apt. #, etc.
ED 628 GREENHILL, 1001 CITY AVENUE

3. Mailing Address
Suite, Apt. #, etc.
ED 628 GREENHILL, 1001 CITY AVENUE

DUE BY MAY 1, 2003

City & State

4. FEI Number **23-2012560**

Applied For Not Applicable

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

**MUNROE, W. BRADLEY
239 EAST VIRGINIA STREET
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. 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. **\$9,800.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$9,800.00**

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. **157.35**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	MAJA MANAGEMENT CORP	STREET ADDRESS	
NAME	ED 628 GREENHILL, 1001 CITY AVE	CITY-ST-ZIP	400011914324
STREET ADDRESS	WYNNEWOOD PA 19096		02/06/03--01068--012 **157.35
CITY-ST-ZIP			
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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

**ST. ALBANS FINANCIAL COMPANY, BY MAJA MANAGEMENT CORP, IRS GEN'L PR
PRES.**

SIGNATURE: SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **2/3/03** Daytime Phone # **11000**

CR2E003 (10/02)