

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B92000000043**

1. Entity Name

**LINNAEUS-HAMILTON REALTY LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP -8 AM 10: 02

Principal Place of Business

% FIRST WINTHROP CORPORATION  
FIVE CAMBRIDGE CENTER  
CAMBRIDGE MA 02142

Mailing Address

% FIRST WINTHROP CORPORATION  
FIVE CAMBRIDGE CENTER  
CAMBRIDGE MA 02142

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

**04-2661290**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEMS, INC**  
**1201 HAYS ST**  
**STE 105**  
**TALLAHASSEE FL 32301**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$100.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

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

DOCUMENT # **A24923**  
NAME **WINTHROP FINANCIAL ASSOCIATES, A LIMITED**  
STREET ADDRESS **FIVE CAMBRIDGE CENTER, 9TH FLOOR**  
CITY-ST-ZIP **CAMBRIDGE MA 02142**

DOCUMENT #  
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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**500003291995--7**  
**-09/13/00--01085--006**  
**\*\*\*\*\*541.25 \*\*\*\*\*541.25**

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 689, Florida Statutes.

SIGNATURE:

**BRYAN WINTHROP FINANCIAL ASSOCIATES, A LIMITED PARTNERSHIP, PARTNER**  
**BRYAN WINTHROP FINANCIAL ASSOCIATES, A LIMITED PARTNERSHIP, PARTNER**

**SECRETARY 9/2/00 516822-0022**  
Date Daytime Phone #

CR2E003 (5/00)