

# 2002 UNIFORM BUSINESS REPORT (UBR)

0017542 AT

**DOCUMENT # B94000000408**

FILED

02 APR -1 PM 12: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Entity Name

**SOUTHEAST BRITTANY LIMITED PARTNERSHIP**

Principal Place of Business

Mailing Address

**C/O NORTHLAND INVESTMENT CORP.  
2150 WASHINGTON ST.  
NEWTON MA 02462**

**C/O NORTHLAND INVESTMENT CORP.  
2150 WASHINGTON ST.  
NEWTON MA 02462**

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

**04-3247705**

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, SUITE 105  
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.

**\$1,213,816.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	<b>F94000005273</b>
NAME	<b>ESSEX SOUTHEAST PARTNERS INCORPORATED</b>
STREET ADDRESS	<b>2150 WASHINGTON ST.</b>
CITY-ST-ZIP	<b>NEWTON MA 02462</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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**-04/05/02--01047--010**  
**\*\*\*2387.50 \*\*\*\*526.25**

*FF 4/20/02*

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**

**3-29-02**

**617-630-7251**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)