

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B94000000411						FILED	
1. Entity Name SOUTHEAST DEL ORO LIMITED PARTNERSHIP						01 JUN -7 PM 12:19	
Principal Place of Business Northland Investment Corp. 2150 Washington Street Newton, MA 02462			Mailing Address Northland Investment Corp. 2150 Washington Street Newton, MA 02462			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.				
City & State			City & State				
Zip			Country				
4. FEI Number 04-3247733						<input type="checkbox"/> 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						7. Name and Address of New Registered Agent	
Name						Name	
Street Address (P.O. Box Number is Not Acceptable)						Street Address (P.O. Box Number is Not Acceptable)	
City						City	
State						State	
Zip Code						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 _____ (NOTE: Registered Agent signature required when reinstating)							
DATE _____							
9. Capital Contributions as Shown on record. \$991,776.00				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 #	F94000005273			STREET ADDRESS	9000004422679--4		
NAME	Essex Southeast Partners Incorporated			CITY-ST-ZIP	-06/15/01--01069--008		
STREET ADDRESS	2150 Washington Street			CITY-ST-ZIP	*****526 25 *****526 25		
CITY-ST-ZIP	Newton, MA 02462			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
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CITY-ST-ZIP				STREET ADDRESS			
CITY-ST-ZIP				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:				Date: 6/4/01			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER ROBERT S. GRIER - TREASURER				Daytime Phone #: 617-630-7251			

CR2E003 (11/00)