

2001 UNIFORM BUSINESS REPORT (UBR)

0015290 AF

DOCUMENT # B95000000381

1. Entity Name

NLP COVERED BRIDGE NATIONAL ASSOCIATES, L.P., LT

FILED

01 MAR 15 AM 10:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
10670 N. CENTRAL EXPRESSWAY, SUITE 600
DALLAS TX 75231

Mailing Address
10670 N. CENTRAL EXPRESSWAY, SUITE 600
DALLAS TX 75231

2. Principal Place of Business
1800 Valley View
Suite, Apt. #, etc.

3. Mailing Address
1800 Valley View
Suite, Apt. #, etc.

City & State
Dallas, TX

City & State
Dallas, TX

4. FEI Number
75-2618230

Applied For
Not Applicable

Zip
75234

Country
Dallas

Zip
75234

Country
Dallas

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 **\$1,000.00** **10. Amount of Capital Contributions in FLORIDA to date.** **\$1,000.00** **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 #	F95000005235	STREET ADDRESS	1800 Valley View
NAME	COVERED BRIDGE NLP, INC.	CITY-ST-ZIP	Dallas, TX 75234
STREET ADDRESS	10670 N. CENTRAL EXPRESSWAY, SUITE 600		
CITY-ST-ZIP	DALLAS TX 75231		
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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.

Robert A. Waldman, Secretary

SIGNATURE: **COVERED BRIDGE NLP, Inc.** **2/28/01** **469-522-4200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)