

2001 UNIFORM BUSINESS REPORT (UBR)

0020068 AB

DOCUMENT # B95000000407

1. Entity Name

TRIANGLE V III, LIMITED PARTNERSHIP

FILED

Principal Place of Business

212 WEST MAIN STREET, SUITE 300
DURHAM NC 27701

Mailing Address

212 WEST MAIN STREET, SUITE 300
DURHAM NC 27701

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

216 Park Place West

2nd floor

Morristown, NJ

07960

USA

4. FEI Number

56-1916293

Applied For

Not Applicable

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

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156-0000

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.

\$250,000.00

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 # F94000005292
NAME MARK PROPERTIES INC.
STREET ADDRESS 212 WEST MAIN STREET, SUITE 300
CITY-ST-ZIP DURHAM NC 27701

STREET ADDRESS

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

SIGNATURE:

KATHERINE WIDMARK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

KATHERINE WIDMARK

01-17-01 (973) 538-7111
Date Daytime Phone #

CR2E003 (11/00)