## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # B9600000181  1. Entity Name						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
TURNEY DUNHAM PLAZA PARTNERS LIMITED PARTNERSHIP					DIVISION OF CORPORATIONS		
Principal Place of Business Mailing Address 5277 STATE ROAD 5277 STATE ROAD						00 MAR -6 PM 6: 51	
PARMA OH 44134-1266							
2. Principal Place of Business 3.			3. Mailing Address	. Mailing Address		) LUCKING TOTO IN IN OUT ONLY DOUGH NOUTH CONTROL CONTROL THE PART TO A PUBLICATION AND A PUBLICATION	
Suite, Apt. #, etc. Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State			City & State			4. FEt Number   Applied For   Not Applicable	
Zip Country			Zip	Zip Country		5. Certificate of Status Desired Service Servi	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent	
					Name		
FREDERICK, MARK 737 HIGHWAY 98					Street Address (P.O. Box Number is Not Acceptable)		
DESTIN FL 32541							
					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. \$1,000.00 in FLORIDA to dat					butions	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#				STREET ADDRESS			
NAME STREET ADORESS CITY-ST-ZIP	BASISTA, STANLEY J 8151 DAVENTREE DRIVE BRECKSVILLE OH 44141			CITY	′-ST-ZIP	<del>5000031791454</del> -03/22/0001014018	
DOCUMENT#	BASISTA, THOMAS M			STR	EET ADDRESS	****141.25 ****141.25	
STREET ADDRESS CITY-ST-ZIP	23503 WINGI WESTLAKE C		спу	'-ST-ZIP	M.		
DOCUMENT# NAME	DAVIS, F. GERARD		STR	EET ADORESS -			
STREET ADDRESS CITY - ST - ZIP	0700 GOLLING WAT			CITY	/-ST-ZIP	$\sim 16$	
DOCUMENT# NAME	BRENNER, R. CHAD 9255 AMBER WOOD DRIVE			STR	EET ADDRESS		
STREET ADDRESS CITY - ST ZIP				СПУ	′-ST-ZIP		
DOCUMENT# NAME				STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	·			СПУ	'-ST-ZIP		
DOCUMENT# NAME				STR	EET ADORESS		
STREET ADDRESS CITY-ST-ZIP				СПУ	/-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							

Paraging Mamber 3/2/00