

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B96000000299**

1. Entity Name
ACQUIPORT/AMSDELL I LIMITED PARTNERSHIP

Principal Place of Business: **6745 ENGLE ROAD, SUITE 300, MIDDLEBURG HEIGHTS OH 44130**
Mailing Address: **6745 ENGLE ROAD, SUITE 300, MIDDLEBURG HEIGHTS OH 44130-7993**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 AM 10:03



DO NOT WRITE IN THIS SPACE

4. FEI Number **34-1837021**
Applied For / Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
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. **\$12,659,517.00**
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.**

2. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F96000003795 AMSDELL PARTNERS, INC. 6745 ENGLE ROAD, SUITE 300 MIDDLEBURG HEIGHTS OH 44130	STREET ADDRESS	
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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

ACQUIPORT/AMSDELL I LIMITED PARTNERSHIP

SIGNATURE: By: *[Signature]* **REQUIRED** Date: **2/15/00** Daytime Phone #: **440-234-0700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Robert J. Amsdell, President of Amsdell Partners, Inc.

CR2E003 (9/99)