

2002 UNIFORM BUSINESS REPORT (UBR)

00196996 AB

DOCUMENT # B96000000299

1. Entity Name
ACQUIPORT/AMSDSELL I LIMITED PARTNERSHIP

FILED

02 FEB -4 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 6745 ENGLE ROAD, SUITE 300 MIDDLEBURG HEIGHTS OH 44130	Mailing Address 6745 ENGLE ROAD, SUITE 300 MIDDLEBURG HEIGHTS OH 44130
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2002

4. FEI Number 34-1837021	Applied For Not Applicable
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F9600003795 AMSDSELL PARTNERS, INC. 6745 ENGLE ROAD, SUITE 300 MIDDLEBURG HEIGHTS OH 44130
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	100004912451--3
CITY-ST-ZIP	-02/12/02--01072--014
	****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: **ACQUIPORT/AMSDSELL I LIMITED PARTNERSHIP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/25/02 (440) 234-0700
Date Daytime Phone #

STAPLE CHECK HERE

CFR2E003 (9/01)