

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017790 AF

DOCUMENT # B96000000414

1. Entity Name

CROSSROADS/MEMPHIS PARTNERSHIP, L.P.

FILED

01 APR 23 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

FOSTER PLAZA X  
680 ANDERSEN DRIVE  
PITTSBURGH PA 15220

Mailing Address

FOSTER PLAZA X  
680 ANDERSEN DRIVE  
PITTSBURGH PA 15220

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 25-1800009

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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.

\$2,200,000.00

10. Amount of Capital Contributions in FLORIDA to date.

- 0 -

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 # M96000000424  
NAME CROSSROADS/MEMPHIS COMPANY, L.L.C.  
STREET ADDRESS FOSTER PLAZA X, 680 ANDERSEN DRIVE  
CITY-ST-ZIP PITTSBURGH PA 15220

STREET ADDRESS

CITY-ST-ZIP

3000004162393--2  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/16/01

Date

412-937-0600

Daytime Phone #

CR2E003 (11/00)