

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B96000000499**

1. Entity Name

U.S. NATIONAL HOUSING LIMITED PARTNERSHIP

Principal Place of Business

**1066 7TH INFANTRY DIVISION LOOP
FORT WAINWRIGHT AK 99703**

Mailing Address

**937 HARVARD AVENUE EAST
SEATTLE WA 98102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

91-1814088

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

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 PINE ISLAND RD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

DATE

9. Capital Contributions as Shown on record.

\$99.00

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 # **F96000006787**
NAME **U.S. NATIONAL MANAGEMENT CORPORATION**
STREET ADDRESS **880 H STREET, STE. 102**
CITY-ST-ZIP **ANCHORAGE AK 99501**

STREET ADDRESS

CITY-ST-ZIP

**900005508679--B
-05/14/02--01036--001
****441.25 ****141.25**

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

206-328-2000



APPROVE
AND
FILED

02 MAY 31 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0020894 AB

CR2E003 (9/01)