LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000196

1. Entity Name

NORTHLAND PLANTATION CLUB PARTNERS L.P.

FILED

03 MAY -2 PM 5:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
c/o Northland Investment Cor		c/o Northland Investment Cor	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
2150 Washington St		2150 Washington Street	
City & State		City & State	
Newton, MA		Newton, MA	
Zip	Country	Zip	Country
02462	USA	02642	USA

DUE BY MAY 1

4. FEI Number 04-3364201 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CSC

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays St

City: Tallahassee FL Zip Code: 32301-2525

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. I am familiar with, and accept the obligations of registered agent

$ 141.25

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$5,000		

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 #	F97000002211	STREET ADDRESS	
NAME	Northland Plantation Club Partners Inc	CITY-ST-ZIP	
STREET ADDRESS	2150 Washington St		100017913741
CITY-ST-ZIP	Newton, MA 02462	STREET ADDRESS	05/02/03--01108--002 **4042.50
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	DO NOT WRITE
CITY-ST-ZIP			IN THIS SPACE
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003B (12/02)

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: By: _____ 617.965.7100

Robert S. Gatof, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #