

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B97000000501**

1. Entity Name

**FLORIDA PENDELTON LIMITED PARTNERSHIP**

FILED

00 FEB -1 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>380 UNION STREET, SUITE 300 WEST SPRINGFIELD MA 01089</b>	Mailing Address <b>380 UNION STREET, SUITE 300 WEST SPRINGFIELD MA 01089-4123</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>04-3398857</b>	Applied For <input checked="" type="checkbox"/> <b>APPLIED FOR</b>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$ 3,000,000.00</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # <b>F97000002164</b>	NAME <b>NESPA 1997 PROPERTY INVESTORS, INC.</b>	STREET ADDRESS	
STREET ADDRESS <b>380 UNION STREET</b>	CITY - ST - ZIP <b>WEST SPRINGFIELD MA 01089</b>	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	<b>200003117172--9</b>
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	<b>-02/01/00--01013--008</b>
DOCUMENT #	NAME	STREET ADDRESS	<b>***2276.25 ****526.25</b>
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	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** **Termy Pava** **1/6/00** **(413) 281-0734 X322**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)