

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000501



1. Entity Name
FLORIDA PENDELTON LIMITED PARTNERSHIP

Principal Place of Business
380 UNION STREET, SUITE 300
WEST SPRINGFIELD MA 01089

Mailing Address
380 UNION STREET, SUITE 300
WEST SPRINGFIELD MA 01089

FILED

03 FEB -5 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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, 2003

4. FEI Number 04-3392857

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

DATE

9. Capital Contributions
as Shown on record. \$3,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date. 3,000,000.00

11. MAKE CHECK PAYABLE TO FL. 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 # F97000002164
NAME NESPA 1997 PROPERTY INVESTORS, INC.
STREET ADDRESS 380 UNION STREET
CITY-ST-ZIP WEST SPRINGFIELD MA 01089

STREET ADDRESS

CITY-ST-ZIP

300011877383

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Teremy Pava 1/27/03 (43) 381-0734 X322

Date

Daytime Phone #

0018512 MB

CP2E003 (10/02)

STAPLE CHECK HERE