

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013182 AT

DOCUMENT # B98000000175

1. Entity Name  
OLD HYDE PARK PROPERTIES LIMITED PARTNERSHIP



**FILED**  
03 MAY -1 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
C/O MADISON MARQUETTE REALTY SERVICES, LP  
7 WEST 7TH STREET, SUITE 1600  
CINCINNATI OH 45202

Mailing Address  
P.O. BOX 3244  
TAMPA FL 33601-3244

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 31-1591175

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

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. \$17,600,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # F98000001664  
NAME MRP DEVELOPMENT OHP, INC.  
STREET ADDRESS 7 WEST 7TH STREET, SUITE 1620  
CITY-ST-ZIP CINCINNATI OH 45202

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Paul Andrews

4/25/03 202-741-3800

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE