LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAY -2 PM 5:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # B98000000192

1. Entity Name
NORTHLAND SOUTHWEST ONE LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

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

DUE BY MAY 1

4. FEI Number: 04-3414898 ☐ Applied For ☐ Not Applicable

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

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.

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

9. Capital Contributions as Shown on record: $100.00

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

DOCUMENT #	B98000000191
NAME	Northland Southwest Partners LP
STREET ADDRESS	2150 Washington St
CITY-ST-ZIP	Newton, MA 02462
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	400017913224 05/02/03--01108--002 **4042.50
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003B (12/02)

STAPLE CHECK HERE

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.

By: Northland Southwest Partners, Inc., general partner

SIGNATURE: By: Robert S. Gaston, Treasurer — 4/28/03 — 617.965.7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #