

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B98000000288**

1. Entity Name
LEPERCQ CORPORATE INCOME FUND L.P.



FILED
03 MAY -6 PM 7:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**C/O DIANNE R. SMITH, L.A.
355 LEXINGTON AVE., 14TH FLLOOR
NEW YORK NY 10017**

Mailing Address
**C/O DIANNE R. SMITH, L.A.
355 LEXINGTON AVE., 14TH FLLOOR
NEW YORK NY 10017**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **13-3779859**

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

**NRAI SERVICES INC
526 E PARK AVE
TALLAHASSEE FL 32301**

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

9. Capital Contributions
as Shown on record. **\$6,755,795.00**

10. Amount of Capital Contributions
in FLORIDA to date. **\$6,755,795.00**

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 # **F96000001735**
NAME **LEX GP-1, INC.**
STREET ADDRESS **355 LEXINGTON AVE., 14TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10017**

STREET ADDRESS

CITY-ST-ZIP

300018294463
05/06/03--01060--015 **526.25

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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

By: **Lex GP-1, Inc., General Partner**

SIGNATURE: By: **Dianne R. Smith, V.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/03

Date

(212)692-7260

Daytime Phone #

CR2E003 (10/02)

0006222 AT