

2001 UNIFORM BUSINESS REPORT (UBR)

0017098 AF

DOCUMENT # B98000000699							
1. Entity Name LPS DESIGN ASSOCIATES LEWIS COLTEN ARCHITECT, LP							
Principal Place of Business 19 BROADWAY STONEHAM MA 02180		Mailing Address 19 BROADWAY STONEHAM MA 02180		FILED 01 JAN 29 AM 10:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business		3. Mailing Address		 DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 04-3184426	Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
DONALDSON, BARRY L DONALDSON GROUP ARCHITECT 1450 SOUTH DIXIE HIGHWAY, SUITE 102 BOCA RATON FL 33432			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
9. Capital Contributions as Shown on record. \$4,500.00		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO 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 #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS			
	COLTEN, LEWIS	99 BALDWIN AVE.					
	FRAMINGHAM MA 01701						
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS			
	PORCARO, LOUIS	19 BROADWAY					
	STONEHAM MA 02180						
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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:			REQUIRED LOUIS A. PORCARO 1/17/01 781-279-2010 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>				

CR2E003 (11/00)