

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

U/1/03 AB

Ldc
2/10

DOCUMENT # B98000000699

1. Entity Name
LPS DESIGN ASSOCIATES LEWIS COLTEN ARCHITECT, LP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 18 PM 3:47

Principal Place of Business
**19 BROADWAY
STONEHAM MA 02180**

Mailing Address
**19 BROADWAY
STONEHAM MA 02180**



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 **04-3184426** 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

**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. 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. **\$4,500.00**

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 #
NAME **COLTEN, LEWIS**
STREET ADDRESS **99 BALDWIN AVE.**
CITY-ST-ZIP **FRAMINGHAM MA 01701**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **PORCARO, LOUIS**
STREET ADDRESS **19 BROADWAY**
CITY-ST-ZIP **STONEHAM MA 02180**

STREET ADDRESS
CITY-ST-ZIP

500012701775
02/18/03--01050--021 **141.25

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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

SIGNATURE: Louis A. Porcaro SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/10/03 781-279-2016
Date Daytime Phone #

CR2E003 (10/02)