

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B99000000408**

1. Entity Name

CAMBRIDGE EXECUTIVE COMBINED, L.P.

93529

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

Principal Place of Business

5500 INTERSTATE NORTH PARKWAY, SUITE 200
ATLANTA GA 30328-4662

Mailing Address

5500 INTERSTATE NORTH PARKWAY, SUITE 200
ATLANTA GA 30328-4662



2. Principal Place of Business

3. Mailing Address

P.O. Box 1920

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Dallas, TX

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

75221

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$17,988,818.00

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 # M99000001774
NAME USPM CAMBRIDGE, LLC
STREET ADDRESS 5500 INTERSTATE NORTH PARKWAY, SUITE 200
CITY-ST-ZIP ATLANTA GA 30328-4662

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # F99000003917
NAME LINCOLN GP CYPRESS, INC.
STREET ADDRESS 5500 INTERSTATE NORTH PARKWAY, SUITE 200
CITY-ST-ZIP ATLANTA GA 30328-4662

STREET ADDRESS

CITY-ST-ZIP

9000003259579--6
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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

Lincoln GP Cypress, Inc.

SIGNATURE:

Leigh Ann Everett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Leigh Ann Everett
Asst. Secretary

Date

4-14-00

Daytime Phone #

214-740-4440

C-21113 (9/11)