

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015263 AF

DOCUMENT # **B99000000408**

1. Entity Name

**CAMBRIDGE EXECUTIVE COMBINED, L.P.**

*KT-93629*

**FILED**

**01 MAY 18 AM 11:29**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**5500 INTERSTATE NORTH PARKWAY, SUITE 200  
ATLANTA GA 30328-4662**

Mailing Address  
**P.O. BOX 1920  
DALLAS TX 75221**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*9/02*

DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2483380**  
**APPLIED FOR**

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

**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.

**33,350,000.00**

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  
**300004192093-2**  
**-05/09/01--01132--051**  
**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

DOCUMENT # **M9900001774**  
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 **1505 FEDERAL**  
CITY-ST-ZIP **DALLAS TX 75201**

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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:

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

Leigh Ann Everett, Asst. Secretary 4-10-2001 214-740-4440

Date

Daytime Phone #

CR2E003 (1/1/00)