

2002 UNIFORM BUSINESS REPORT (UBR)

001713 AT

DOCUMENT # **B99000000408** *93529-KT*

FILED

1. Entity Name
CAMBRIDGE EXECUTIVE COMBINED, L.P.

02 APR 26 AM 9:11

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.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number **58-2483380**

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

9. Capital Contributions as Shown on record. **\$33,350,000.00**

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

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 **1505 FEDERAL**
CITY-ST-ZIP **DALLAS TX 75201**

STREET ADDRESS
CITY-ST-ZIP **100005450121--7**
-05/03/02--01058--025
******526.25 ****526.25**

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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 *4/10/02*
Asst. Secretary (214) 740-4440

CR2E003 (9/01)