

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A15253**

1. Entity Name
1215 LOUISIANA PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 10:08

Principal Place of Business
1093 FOGGY BROOK PLACE
LONGWOOD FL 32750

Mailing Address
P.O. BOX 2173
WINTER PARK FL 32790-2173



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 2173

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WINTER PARK, Florida

4. FEI Number **59-2317467** Applied For
Not Applicable

Zip **32790** Country **Orange**

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

**COOPER, JAMES E.
1093 FOGGY BROOK PLACE
LONGWOOD FL 32750**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$52,900.00**

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
**COOPER, JAMES E.
1093 FOGGY BROOK PLACE
LONGWOOD FL 32750**

STREET ADDRESS
CITY - ST - ZIP
**300003170213-4
-03/15/00-01005-000
****467.80 ****467.53**

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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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/19/00 **407-808-9386**
Date Daytime Phone #

CR2E003 (9/99)