

2001 UNIFORM BUSINESS REPORT (UBR)

2017131 AF

DOCUMENT # A31468
 1. Entity Name
ACADIA PARTNERS, L.P. (A LIMITED PARTNERSHIP)

FILED

01 MAR 21 AM 9:12

Principal Place of Business Mailing Address
201 MAIN STREET **201 MAIN STREET**
FT. WORTH TX 76102 **FT. WORTH TX 76102**

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **75-2185106** Applied For Not Applicable
 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
 Name **National Corporate Research, Ltd., Inc.**
 Street Address (P.O. Box Number is Not Acceptable) **1406 Hays Street, Suite #2**
 City **Tallahassee** FL Zip Code **32301**

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 *Wayne Rafanelli* **WAYNE RAFANELLI, Asst. Secretary** DATE **3/5/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$0.00** 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	
DOCUMENT #	B9500000277
NAME	ACADIA FW PARTNERS, L.P.
STREET ADDRESS	201 MAIN STREET
CITY-ST-ZIP	FT. WORTH TX 76102
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300003907093--0
CITY-ST-ZIP	-03/23/01--01018--018
	***141.25 ***141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *Wayne Rafanelli* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** DATE **1/17/01** Daytime Phone # **817-338-8391**

CR2E003 (11/00)