

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 APR -5 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A 00000001950**

1. Entity Name

**GATOR COON VILLAGE 11, PARTNERS LTD,**

Principal Place of Business

**1595 N.E. 163 RD ST.  
NORTH MIAMI BEACH, FL 33162**

Mailing Address

**1595 N.E 163rd STREET  
NORTH MIAMI BEACH, FL 33162**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1063075**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JAMES A. GOLDSMITH  
1595 N.E 163 rd Stree  
NORTH MIAMI BEACH, FL 33162**

7. Name and Address of New Registered Agent

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.

**10,000.00**

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 # **P00000114766**  
NAME **GATOR COON VILLAGE 11, INVESTORS INC**  
STREET ADDRESS **1595 N.E 163 RD STREET**  
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33162**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**100005236751--2**

**-04/10/02--01080--021**

**\*\*\*\*158.75 \*\*\*\*158.75**

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information set forth in this report is true and correct to the best of my knowledge and belief. I further certify that the information indicated on this report is true and correct to the best of my knowledge and belief. 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 file this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

*James A Goldsmith* 3/30/02 305 949-9049