

# 2000 UNIFORM BUSINESS REPORT (UBR)

001131 1

**DOCUMENT # A22734**

1. Entity Name  
**METROPOLITAN SECURITIES COMPANY, LIMITED**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 20 AM 3:05

Principal Place of Business 701 PONTE VEDRA BLVD. PONTE VEDRA BEACH FL 32082	Mailing Address 701 PONTE VEDRA BLVD. PONTE VEDRA BEACH FL 32082-2939
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>64-0727240</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WRIGHT, DONALD C**  
1301 RIVERPLACE BOULEVARD  
SUITE 1500  
JACKSONVILLE FL 32207

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$400,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>A22732</b> <b>CALIFORNIA REDWOOD COMPANY (A LIMITED PART</b> <b>1440 CANAL STREET, SUITE 1500</b> <b>NEW ORLEANS LA 70112</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>A22733</b> <b>NOVAK FAMILY LIMITED</b> <b>701 PONTE VEDRA BLVD.</b> <b>PONTE VEDRA BEACH FL 32082</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	<b>000003241480--7</b> <b>-05/05/00--01035--008</b> <b>***526.25 ***526.25</b>
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: SIGNATURE REQUIRED

DATE: **4-19-00** DAYTIME PHONE # \_\_\_\_\_

CR2E003 (9/99)