

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008987 AF

**DOCUMENT # A27656**  
 1. Entity Name  
**ENCO MORTGAGE PARTNERS, LTD.**

**FILED**  
 01 FEB 15 AM 11:58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*Handwritten signature*

Principal Place of Business      Mailing Address  
**4350 W. CYPRESS ST., SUITE 275**      **4350 W. CYPRESS ST., SUITE 275**  
**TAMPA FL 33607**      **TAMPA FL 33607**



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 **59-2920482**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**HOHL, TIMOTHY M**  
**4350 W. CYPRESS ST., SUITE 275**  
**TAMPA FL 33607**

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. **\$425,000.00**      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	
DOCUMENT #	<b>F66032</b>
NAME	<b>EXEC. NAT'L DEV. CORP.</b>
STREET ADDRESS	<b>4350 W. CYPRESS ST., SUITE 275</b>
CITY-ST-ZIP	<b>TAMPA FL 33607</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>000003744860--2</b> <b>-02/21/01--01032--014</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*      **SIGNATURE REQUIRED**      Date: **1/24/00**      Daytime Phone #: **813 874-1280**

CR2E003 (11/00)