

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0004548  
AV

DOCUMENT # **A27656**

1. Entity Name

**ENCO MORTGAGE PARTNERS, LTD.**

02 JUN -5 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**4350 W. CYPRESS ST., SUITE 275  
TAMPA FL 33607**

Mailing Address

**4350 W. CYPRESS ST., SUITE 275  
TAMPA FL 33607**



2. Principal Place of Business

**4104 W. Linebaugh Ave**

3. Mailing Address

**4104 W. Linebaugh Ave**

Suite, Apt. #, etc.

**Ste 202**

Suite, Apt. #, etc.

**Ste 202**

**DUE BY MAY 1, 2002**

City & State

**TAMPA, FL**

City & State

**TAMPA, FL 336**

4. FEI Number

**59-2920482**

Applied For

Not Applicable

Zip

**33624**

Country

**USA**

Zip

**33624**

Country

**USA**

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

**HOHL, TIMOTHY M**

**4350 W. CYPRESS ST., SUITE 275  
TAMPA FL 33607**

Name

Street Address (P.O. Box Number is Not Acceptable)

**4104 W. Linebaugh Ave., Ste 202**

City

**Tampa**

FL

Zip Code

**33624**

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.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F66032**  
NAME **EXEC. NAT'L DEV. CORP.**  
STREET ADDRESS **4350 W. CYPRESS ST., SUITE 275**  
CITY-ST-ZIP **TAMPA FL 33607**

STREET ADDRESS **4104 W. Linebaugh Ave., Ste 202**  
CITY-ST-ZIP **Tampa, FL 33624**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS **000005754880--2**  
CITY-ST-ZIP **-06712702--01008--021  
\*\*\*837.50 \*\*\*837.50**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS **437.50-CP**  
CITY-ST-ZIP **88-75-AR88P**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS **311.25 GRA**  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**6/3/02**

Date

Daytime Phone #

CR2E003 (9/01)