

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A92000000040**

1. Entity Name  
**THE COLDBROOKE LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -1 AM 9:14

Principal Place of Business  
20320 FAIRWAY OAKS DR., 331  
BOCA RATON FL 33434

Mailing Address  
20320 FAIRWAY OAKS DR., 331  
BOCA RATON FL 33434-3240



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |  |                |
|--------------------------------|---------|---------------------|---------|--|----------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number<br><b>65-0359306</b>   | Applied For    |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |  | Not Applicable |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                |
| Zip                            | Country | Zip                 | Country |  |                |

|   |  |  |  |  |  |    |          |
|---|--|--|--|--|--|----|----------|
| 6. Name and Address of Current Registered Agent                                 |  |  | 7. Name and Address of New Registered Agent        |  |  |    |          |
| <b>MAHLER, I. KENNETH</b><br>20320 FAIRWAY OAKS DR., 331<br>BOCA RATON FL 33434 |  |  | 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>\$3,800,000.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. <b>\$3,800,000</b> | 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 #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>F92000000150</b><br><b>COLDBROOKE, INC.</b><br><b>195 FARMINGTON AVE</b><br><b>FARMINGTON CT 06032</b> | STREET ADDRESS           |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | CITY - ST - ZIP          |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS           | <i>mf 3/14/00</i>  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | CITY - ST - ZIP          |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS           | <b>600003173306--0</b><br><b>-03/16/00--01088--023</b><br><b>***535.00 ***535.00</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | CITY - ST - ZIP          |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS           |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** 3/2/00 561-470-0940  
 Date Daytime Phone #

CR2E003 (9/99)