


# 2001 UNIFORM BUSINESS REPORT (UBR)

1 of 2

0001388 A1

**DOCUMENT #** A92000000040  
**1. Entity Name**  
 THE COLDBROOKE LIMITED PARTNERSHIP

**FILED**  
 01 JUL 31 AM 8:47  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



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

**2. Principal Place of Business** Suite, Apt. #, etc.  
**3. Mailing Address** Suite, Apt. #, etc.

**City & State** City & State

**DUE BY SEPTEMBER 26, 2001**

**4. FEI Number** 65-0359306  
 Applied For Not Applicable

**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**

**MAHLER, I. KENNETH**  
 20320 FAIRWAY OAKS DR., 331  
 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**  **DATE** 7/31/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**9. Capital Contributions as Shown on record.** \$3,800,000.00

**10. Amount of Capital Contributions in FLORIDA to date.** \$3,800,000

**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 #** F92000000150  
**NAME** COLDBROOKE, INC.  
**STREET ADDRESS** 195 FARMINGTON AVE  
**CITY-ST-ZIP** FARMINGTON CT 06032

**STREET ADDRESS**  
**CITY-ST-ZIP**

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**STREET ADDRESS**  
**CITY-ST-ZIP**

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**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 Date Daytime Phone #

11/15/01 0002000