

2002 UNIFORM BUSINESS REPORT (UBR)

000047 AT

DOCUMENT # **A97000001364**

1. Entity Name
STRACHAN INVESTMENT LIMITED PARTNERSHIP

FILED

02 OCT -7 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
STRACHAN BAIN & ASSOCIAIDOS **HARRY W. STRACHAN/BAIN & COMPANY.SJO-792**
EDIFICIO NO. 7. PISO 4/OFICENTRO LA SABANA **PO BOX 025216**
SAN JOSE. COSTA RICA **MIAMI FL 33102-5216**

2. Principal Place of Business 3. Mailing Address
Mesnamerica Investments
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Plaza Robles, Edificio El Portico
 City & State City & State
Guadalupe Escalón
 Zip Country Zip Country
Costa Rica

DUE BY SEPTEMBER 25, 2002

4. FEI Number **65-0842163** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **5,902,460** 10. Amount of Capital Contributions in FLORIDA to date. **\$ 5,902,460**

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 #	F00000006020
NAME	STRACHAN & ASSOCIATES INTERNATIONAL INC.
STREET ADDRESS	SJO 792/PO BOX 025216
CITY-ST-ZIP	MIAMI FL 33102-5216
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	500007636445--9
STREET ADDRESS	09/10/02--01052--002
CITY-ST-ZIP	***550.00 ***526.25
STREET ADDRESS	FF \$926.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500007636445 9
CITY-ST-ZIP	-10/08/02--01002--012
STREET ADDRESS	***400.00 ***400.00
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** **Aug. 19, 2002** **011 506 201 81 00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (4/02)