

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002724**

1. Entity Name

C O P, LTD.

FILED

02 MAR 19 AM 9:10

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

Principal Place of Business
**324 ROYAL PALM WAY, STE. 231
PALM BEACH FL 33480**

Mailing Address
**PO BOX 2771
PALM BEACH FL 33480**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number **65-0808472**

Applied For
Not Applicable

Zip Country

Zip Country

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

**Haisfield, Marc
324 ROYAL PALM WAY, STE. 231
PALM BEACH FL 33480**

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

9. Capital Contributions as Shown on record. **\$2,000.00**

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 # **P97000105307**
NAME **SE FLORIDA PROPERTIES, INC.**
STREET ADDRESS **324 ROYAL PALM WAY, STE. 231**
CITY-ST-ZIP **PALM BEACH FL 33480**

STREET ADDRESS
CITY-ST-ZIP **600005135116--5
-03/19/02--01073--001
****216.25 *****75.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **FF \$141.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **600005135116--5
-03/19/02--01073--002
****216.25 *****66.25**

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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: **Marc Haisfield, Partner** **2/10/02** **521-635-2829**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)