

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0019848 AT

**DOCUMENT # A98000000568**



1. Entity Name  
**BC2 ENTERPRISES, LTD.**

03 JAN 22 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>5020 GUNN HWY., STE. 240 TAMPA FL 33624-6370</b>	Mailing Address <b>5020 GUNN HWY., STE. 240 TAMPA FL 33624-6370</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3494551**      Applied For  
Not Applicable

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

**DUE BY MAY 1, 2003**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CUNILL, BUENAVENTURA C  
5020 GUNN HWY  
SUITE 240  
TAMPA FL 33624-6370**

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. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	<b>P98000018254</b>	STREET ADDRESS	
NAME	<b>BC2 MANAGEMENT, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>5020 GUNN HWY., STE. 240</b>		
CITY-ST-ZIP	<b>TAMPA FL 33624-6370</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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* **CUNILL, PRES 1/14/03 (813) 269-2274**  
Signature and typed or printed name of signing general partner      Date      Daytime Phone #

CR2E003 (10/02)