

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 JAN 22 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| DOCUMENT # A98000001435 1. Entity Name COTTON OF KEY WEST LIMITED PARTNERSHIP |  |
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| Principal Place of Business 30 BAMBOO TERRACE KEY WEST FL 33040 | Mailing Address P.O. BOX 2652 KEY WEST FL 33045 |
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| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
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| DUE BY MAY 1, 2003 |
| 4. FEI Number 65-0837158 |
| Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BOHATCH, JOHN S PENTHOUSE 8, DOUGLAS CENTRE 2600 DOUGLAS ROAD CORAL GABLES FL 33134 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100010406731 01/22/03--01008--005 **526.25 City FL Zip Code |
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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.

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| 9. Capital Contributions as Shown on record. \$1,000,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
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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 # NAME COTTON, WILLIAM F STREET ADDRESS 30 BAMBO TERRACE CITY-ST-ZIP KEY WEST FL 33040 | STREET ADDRESS CITY-ST-ZIP |
| DOCUMENT # NAME COTTON, LOIS G STREET ADDRESS 30 BAMBO TERRACE CITY-ST-ZIP KEY WEST FL 33040 | STREET ADDRESS CITY-ST-ZIP |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS 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: Lois G. Cotton **LOIS G. COTTON** 1/13/03 305-294-2044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)