

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016798 AT

**DOCUMENT # A99000001695**



1. Entity Name  
**CAPELLA LIMITED PARTNERSHIP**

FILED  
03 JAN 17 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|  |  |
|--|--|
| Principal Place of Business<br><b>6773 S.E. NORTH MARINA WAY<br/>STUART FL 34996</b> | Mailing Address<br><b>6773 S.E. NORTH MARINA WAY<br/>STUART FL 34996</b> |
|--|--|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

**DUE BY MAY 1, 2003**

4. FEI Number **65-0967287**

|                |
|----------------|
| 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**

**SHEETS, CARLTON  
6773 S.E. NORTH MARINA WAY  
STUART FL 34996**

|  |             |
|--|-------------|
| 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. **\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **175,494**

11. MAKE CHECK PAYABLE TO FL. 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 # | NAME                      | STREET ADDRESS                    | CITY-ST-ZIP            | STREET ADDRESS      | CITY-ST-ZIP                          |
|------------|---------------------------|-----------------------------------|------------------------|---------------------|--------------------------------------|
|            | <b>SHEETS, CARLETON H</b> | <b>6773 S.E. NORTH MARINA WAY</b> | <b>STUART FL 34996</b> |                     |                                      |
|            |                           |                                   |                        | <b>500010052925</b> | <b>01/13/03--01062--001 **526.25</b> |
|            |                           |                                   |                        |                     |                                      |
|            |                           |                                   |                        |                     |                                      |
|            |                           |                                   |                        |                     |                                      |
|            |                           |                                   |                        |                     |                                      |
|            |                           |                                   |                        |                     |                                      |
|            |                           |                                   |                        |                     |                                      |
|            |                           |                                   |                        |                     |                                      |

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: *Carlton H. Sheets* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date: **1/6/03** Daytime Phone #: **772-225-0696**

CR2E003 (10/02)