

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B95000000234

1. Entity Name

THE DOLPHIN CAPITAL FUND LIMITED PARTNERSHIP

FILED

02 APR 18 PM 3:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business: **4940 NORTHDAL E BOULEVARD TAMPA FL 33624**
Mailing Address: **4940 NORTHDAL E BOULEVARD TAMPA FL 33624**

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, 2002

4. FEI Number **59-3324444** 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

**BACON, BARTHOLOMEW P
4940 NORTHDAL E BOULEVARD
TAMPA FL 33624**

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

DATE

9. Capital Contributions as Shown on record. **\$50,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **34,655.92**

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
F94000006110	DOLPHIN CAPITAL MANAGEMENT, INC.	4940 NORTHDAL E BOULEVARD	TAMPA FL 33624		
				400005361594--0	
				-04/23/02--01011--002	
				***340.12 ***340.12	

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4.15.2002
Date

813-929-6000
Daytime Phone #

CR2E003 (9/01)