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Sure, Apt. #, etc.    Sure, Apt. #, etc.   Sure, Apt. #, etc.   Sure, Apt. #, etc.   Due by September 25, 2002   City & State   City & State   City & State   A. FEI Number APPLED FOR   Applied For A	1. Entity Na	me AOOOO	, 000 000	~!~.b_j	02	LED
2. Principal Place of Business  Sulfa, Apt. #, etc.  Sulfa, Apt. #, etc.  City & Stato	CAPITAI	L CITY FUND I, LTD.			SECOND	2 PM 12
2. Principal Place of Business  Suite, Apt. 4, etc.  City & State  Country  Country  Country  Country  Country  Country  Encountry  Enc	Principal Pla	ace of Business	Mailing Address		TALLAHAS	10 Ber.
2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  S. Cortificate of Status Desired  B. TA Additional Fee Required  T. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  T.	300 EAST PAI	rk avenue	-		A SE	E. FLORIDA
Surie, Apt. #, etc.  City & State  City & St	TALLAHASSEE	E FL 32301	TALLAHASSEE FL 32301			Мод
Suite, Apt. #, etc.  City & State  City & St						
Chy & State  Chy &	2. Principal	Place of Business	3. Mailing Address		1 HORIONY NÉTY PRINT DESIN TRINT D	81)  883   90    50    85 9    50    6  1   6     8     8
Zip Country Zip Country 8. Certificate of Status Desired _□ \$8.75 Additional Fee Requirement Of Status Desired Agent   7. Name and Address of New Registered Agent   7	Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		DUE BY SEF	TEMBER 25, 2002
Exp. Country  Country  S. Certificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name Frederick L. Cateman, Tr.  Street Address (P.O. Byx Nampsyr is Not Acceptable)  ACKSONVILLE FL 32201  City Tall Characteristic L. Cateman, Tr.  Street Address (P.O. Byx Nampsyr is Not Acceptable)  Acksonville FL 32201  City Tall Characteristic L. Cateman, Tr.  Street Address (P.O. Byx Nampsyr is Not Acceptable)  Acksonville FL 32201  City Tall Characteristic L. Cateman, Tr.  Street Address (P.O. Byx Nampsyr is Not Acceptable)  Acksonville FL 32201  City Tall Characteristic L. Cateman, Tr.  Street Address (P.O. Byx Nampsyr is Not Acceptable)  Acksonville FL 32201  City Tall Characteristic L. Cateman, Tr.  Street Address (P.O. Byx Nampsyr is Not Acceptable)  Acksonville FL 32201  City Tall Characteristic L. Cateman, Tr.  Street Address (P.O. Byx Nampsyr is Not Acceptable)  Acksonville FL 32201  City Tall Characteristic L. Cateman, Tr.  Street Address (P.O. Byx Nampsyr is Not Acceptable)  And Acksonville FL 32201  City Tall Characteristic L. Cateman, Tr.  Street Address (P.O. Byx Nampsyr is Not Acceptable)  And Acksonville FL 32201  The above named entity submits this statement for trop or registered agent, or both, in the State of Florids. I am familiar with, and acceptable for the originate Agent of the Cateman for the originate Agent of the Cateman for trop or registered agent, or both, in the State of Florids. I am familiar with, and acceptable for State Address for the Cateman for the originate Agent of the Cateman for	City & Sta	ate	City & State		4. FEI Number APPLIED F	OR Applied For
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent. Or both, in the State of Florida. I am familiar with, and acceptable the collipations of registered agent.  SIGNATURE 9. Capital Contributions so Storm on record. 10. Amount of Cepital Contributions in FLORIDA to date. 11. MAKE CHECK PATABLE TO DEPT. OF STATE SER EVERS SIDE FOR FEE INFORMATION NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOUGNER!  14. MAKE CHECK PATABLE TO DEPT. OF STATE SER EVERS SIDE FOR FEE INFORMATION 13. ADDRESS CHANGES ONLY  DOUGNER!  15. MAKE CHECK PATABLE TO DEPT. OF STATE SER EVERS SIDE FOR FEE INFORMATION 15. MAKE CHECK PATABLE TO DEPT. OF STATE SER EVERS SIDE FOR FEE INFORMATION 15. MAKE CHECK PATABLE TO DEPT. OF STATE SER EVERS SIDE FOR FEE INFORMATION 15. MAKE CHECK PATABLE TO DEPT. OF STATE SER EVERS SIDE FOR FEE INFORMATION 15. MAKE CHECK PATABLE TO DEPT. OF STATE SER EVERS SIDE FOR FEE INFORMATION 15. MAKE CHECK PATABLE TO DEPT. OF STATE SER EVERS SIDE FOR FEE INFORMATION 15. MAKE CHECK PATABLE TO DEPT. OF STATE SER EVERS SIDE FOR FEE INFORMATION 15. MAKE CHECK PATABLE TO DEPT. OF STATE SER EVERS SIDE FOR FEE INFORMATION 15. MAKE CHECK PATABLE TO DEPT. OF STATE SER EVERS SIDE FOR FEE INFORMATION 15. MAKE CHECK PATABLE TO DEPT. OF STATE SER EVERS SIDE FOR FEE INFORMATION 15. MAKE CHECK PATABLE TO DEPT. OF STATE SER EVERS SIDE FOR FEE INFORMATION 15. MAKE CHECK PATABLE TO DEPT. OF STATE SER EVERS SIDE FOR FEE INFORMATION 15. MAKE CHECK PATABLE TO DEPT. OF STATE SER EVERS SIDE FOR	Zip	Country	Zip	Country		Not Applicable
Street Address  P. & L CORP.  200 LAURA-STREET JACKSONWILLE FL 32201  Street Address (P.O. Box Names in Not Acceptable)  City Tallamssee FL Zig.Code 3 2 2 301  the obligations of registered agent.  Street Address (P.O. Box Names in Not Acceptable)  City Tallamssee FL Zig.Code 3 2 2 301  the obligations of registered agent.  Street Address (P.O. Box Names in Not Acceptable)  City Tallamssee FL Zig.Code 3 2 2 301  The above named onlity submits this statement for thousand separated office or registered agent, or both, in the State of Florida. I am familiar with, and acc  STREET ADDRESS II. MAKE CHECK PAYABLE TO DEPT. OF STATE SER REVERSE SIDE FOR FEE INFORMATION  10. Amount of Capital Contributions as Shown on record.  4. ACRIENTAL PARTINER 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  DOUBLENT /  NAME  STREET ADDRESS  CITY-ST-2P  DOUBLENT /  NAME  STREET ADDRESS  CITY-ST-2P  COLUMBIT /  NAME  STREET ADDRESS  CITY-ST-2P  COLUMBIT /  NAME  STREET ADDRESS  CITY-ST-2P  COLUMBIT /  COLUMBIT /  NAME  STREET ADDRESS  CITY-ST-2P  COLUMBIT /  COLUMBIT /  CITY ST-2P  CITY ST-2P  COLUMBIT /  CITY ST-2P  CITY ST-2P  CITY ST-2P  COLUMBIT /  CITY ST-2P  CITY ST-2P  CITY ST-2P  COLUMBIT /  CITY ST-2P  CITY		6. Name and Address of Current	Registered Agent			Fee Required
200-LAURA-STREET JACKSONVILLE FL 32201  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 acc strengths of registered agent.  SIGNATURE  9. Capital Contributions as Shown on record.  \$1,000.00  10. Amount of Capital Contributions in FLORIDA to date.  PATE  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SER REVERSE SIDE FOR FEE INFORMATION  A GENERAL PARTINER 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 filled to change a general partner.  12. GENERAL PARTINER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMENT / MAKE  SIRRET ADDRESS  CITY-ST-2P  DOCUMENT /	E & L CO			Name		
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ITY-ST-ZIP  14. I hereby certify that the information supplied with this tining 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 the receiver or trustee empowered to execute this peport as required by Chapter 620, Florida Statutes						

SIGNATURE: SIGNATURE REQUIRED SIGNATURE AND TYPED ON PRIVILED NAME OF SIGNING GENERAL PART

Date

Daytime Phone #

20/2

## ADD DOUD 100188

300 E. Park Avenue P. O. Box 1454 Tallahassee, FL 32302

Telephone: (850) 222-6100

Facsimile: (850) 561-6475

September 27, 2002

Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, FL 32302-1500

Re: 2002 Uniform Business Report for Capital City Fund I LTD.

FEI No. Applied For, not yet received

Ladies and Gentlemen:

Enclosed please find our check in the amount of \$52.50 which represents the UBR filing fee and a check in the amount of \$88.75 which represents the UBR Supplemental Fee to file our 2002 Uniform Business Report. This corporation did not receive the original notice of filing. Therefore, as per the instructions received with our notice of filing, we ask that the \$400 late fee be waived. Also enclosed is a copy of your September 25, 2002 letter.

Sincerely

Frederick Bateman, Jr.

Enclosed please and our chack in the amount of \$50.50 which represents the USA thing fee and aichers. The amount of \$38,75 mesh represents the USA Cupplemental Profit in the 2002 of the characteristic feet in the 2002 of the

Ladies and Dendring ::