


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0013292 AT

DOCUMENT # A00000000239 1. Entity Name CONSTANCE C. COSTA, LTD.	
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03 JUN 25 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 109 CHESAPEAKE AVENUE TAMPA FL 33606	Mailing Address 109 CHESAPEAKE AVENUE TAMPA FL 33606
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2. Principal Place of Business	3. Mailing Address			DUE BY MAY 1, 2003
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State	4. FEI Number 59-3629227	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired. <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COSTA, CONSTANCE C
109 CHESAPEAKE AVENUE
TAMPA FL 33606

7. Name and Address of New Registered Agent

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. \$10,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 0	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 COSTA, CONSTANCE C STREET ADDRESS 109 CHESAPEAKE AVENUE CITY-ST-ZIP TAMPA FL 33606	STREET ADDRESS _____ CITY-ST-ZIP _____ <div style="text-align: right; font-weight: bold;">100016687391</div> <div style="text-align: right; font-weight: bold;">04/22/03 01079 025 **52.50</div>
DOCUMENT # NAME COSTA, FRANK J STREET ADDRESS 123 CHESAPEAKE AVENUE CITY-ST-ZIP TAMPA FL 33606	STREET ADDRESS _____ CITY-ST-ZIP _____ <div style="text-align: right; font-weight: bold;">100016687391</div> <div style="text-align: right; font-weight: bold;">06/25/03--01080--004 **473.75</div>
DOCUMENT # NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 partners' the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Constance C. Costa 4/7/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

STAPLE CHECK HERE

CPR2E003 (10/02)