

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014331 AT

DOCUMENT # A00000000516

1. Entity Name
SOUTHWEST CDO FUND LIMITED PARTNERSHIP



FILED
03 APR 29 PM 12:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
C/O ARSENAULT & REARDON, P.A.
10225 ULMERTON ROAD, SUITE 2
LARGO FL 33771

Mailing Address
455 NORTH INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 37770



2. Principal Place of Business

3. Mailing Address

10225 Ulmerton Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3D

City & State

City & State

Largo, FL

Zip

Country

Zip

Country

33771

USA

4. FEI Number 59-3632518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARSENAULT & REARDON, P.A.
10225 ULMERTON ROAD, SUITE 2
LARGO FL 33771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

600017234066
04/29/03--01017--039FL**526025

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

DATE

9. Capital Contributions
as Shown on record. \$4,762,932.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # P00000027384
NAME SOUTHWEST CDO FUND MANAGEMENT, INC.
STREET ADDRESS 455 NORTH INDIAN ROCKS ROAD
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770

STREET ADDRESS 10225 Ulmerton Rd., #3D
CITY-ST-ZIP Largo, FL 33771

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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)(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: W. G. M. RASQUIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)