

LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT

**A00000000696**

DOCUMENT # A 0000000696  
1. Entity Name  
**CAPITOL HILTOP PARTNERSHIP LTD**

**FILED**  
02 APR 26 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**625 EAST TENNESSEE ST**  
Suite, Apt. #, etc.  
**SUITE 200**  
City & State  
**TALLAHASSEE**  
Zip  
**32308** Country  
**USA**

3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1**  
4. FEI Number  
**59 364625**  
Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name **D. CARLTON ENFINGER**  
Street Address (P.O. Box Number is Not Acceptable)  
**625 EAST TENNESSEE ST**  
**SUITE 200**  
City **TALLAHASSEE FL** Zip Code **32308**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **600,000.00**  
10. Amount of Capital Contributions in FLORIDA to date. **600,000.00**  
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		STREET ADDRESS	
DOCUMENT #	<b>D. CARLTON ENFINGER</b> <b>625 EAST TENNESSEE ST STE 200</b> <b>TALLAHASSEE FL 32308</b>		<b>700005418847--2</b>
NAME			<b>-05/01/02--01084--023</b>
STREET ADDRESS			<b>***526.25 ***526.25</b>
CITY-ST-ZIP			<b>BK ?</b>
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**DO NOT WRITE IN THIS SPACE**

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: **D. Carlton Enfinger** 4.26.02 850 425-2828

CR2E003B (12/01)