

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000819

1. Entity Name

CARAM PARTNERSHIP, LTD.

Principal Place of Business

3665 BEE RIDGE ROAD
SARASOTA FL 34233

Mailing Address

P.O. BOX 5722
SARASOTA FL 34277-5722

2. Principal Place of Business

3665 BEE RIDGE RD.

3. Mailing Address

3665 BEE RIDGE RD.

Suite, Apt. #, etc.

#310

Suite, Apt. #, etc.

#310

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34233

Country

Zip

34233

Country



FILED
May 08, 2002 8:00
Secretary of State

DUE BY MAY 1, 2002

4. FEI Number

65-1037341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEIDER, WILLIAM M

200 SOUTH ORANGE AVENUE

SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

ANINA C. MCSWEENEY

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

3665-BEE-RIDGE-RD. #310

City

SARASOTA

FL

Zip/Code
34233

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.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT # P00000049435
NAME MARAC, INC.
STREET ADDRESS P.O. BOX 5722
CITY-ST-ZIP SARASOTA FL 34233

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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)(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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE REQUIRED Anina C. McSweeney

3/28/02

941-923-4551

Date

Daytime Phone #

CR2E003 (9/01)

80/5100