

# 2002 UNIFORM BUSINESS REPORT (UBR)

0015983 AT


**DOCUMENT # A00000001170**

1. Entity Name  
**SAFE HARBOR OFFSHORE CAPITAL MANAGEMENT LTD.**

Principal Place of Business: **33920 U.S. HIGHWAY 19 NORTH, SUITE 150 PALM HARBOR FL 34684**

Mailing Address: **33920 U.S. HIGHWAY 19 NORTH, SUITE 150 PALM HARBOR FL 34684**

**FILED**  
2002 FEB 25 PM 3:19  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

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

4. FEI Number: **APPLIED FOR**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

59-3654389

**DUE BY MAY 1, 2002**

6. Name and Address of Current Registered Agent  
**TANELLA, DEAN G**  
**33920 U.S. HIGHWAY 19 NORTH, SUITE 150**  
**PALM HARBOR FL 34684**

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.

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

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 #	<b>L99000001435</b>
NAME	<b>SAFE HARBOR CAPITAL MANAGEMENT, LLC</b>
STREET ADDRESS	<b>33920 U.S. HIGHWAY 19 NORTH, SUITE 150</b>
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>400005032754--9</b>
CITY-ST-ZIP	<b>03/01/02-01053-012</b> <b>****141.25 ****141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
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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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **1-23-02** **727-787-4100**

CR2E003 (9/01)