


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)


0010286 AT

|   |   |
|---|---|
| <b>DOCUMENT #</b> <b>A00000001214</b>                         |  |
| <b>1. Entity Name</b><br><b>CUADRA ASSET MANAGEMENT, LTD.</b> |   |

FILED

03 APR 22 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|   |   |
|---|---|
| <b>Principal Place of Business</b><br><b>330 REDWOOD LANE</b><br><b>KEY BISCAYNE FL 33149</b> | <b>Mailing Address</b><br><b>330 REDWOOD LANE</b><br><b>KEY BISCAYNE FL 33149</b> |
|---|---|

|                                       |                           |     |         |
|---------------------------------------|---------------------------|-----|---------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |     |         |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.       |     |         |
| City & State                          | City & State              |     |         |
| Zip                                   | Country                   | Zip | Country |

|  |  |
|--|--|
| <b>DUE BY MAY 1, 2003</b>  |  |
| <b>4. FEI Number</b> <b>65-1043695</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b>   |
| <b>LAW OFFICES OF SETH E. ELLIS, P.A.</b><br><b>2800 NORTH MILITARY TRAIL, SUITE 290</b><br><b>BOCA RATON FL 33431</b> |

|  |
|--|
| <b>7. Name and Address of New Registered Agent</b>   |
| Name   |
| Street Address (P.O. Box Number is Not Acceptable)   |
| City   |
| <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |

**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.

|   |  |  |
|---|--|--|
| <b>9. Capital Contributions as Shown on record.</b> <b>\$160,000.00</b> | <b>10. Amount of Capital Contributions in FLORIDA to date.</b> <b>106,746.35</b> | <b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b> |
|---|--|--|

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 #                      | <b>P00000073549</b>            | STREET ADDRESS           |                                      |
| NAME                            | <b>CUADRA MANAGEMENT CORP.</b> | CITY-ST-ZIP              |                                      |
| STREET ADDRESS                  | <b>330 REDWOOD LANE</b>        | STREET ADDRESS           | <b>600016687346</b>                  |
| CITY-ST-ZIP                     | <b>KEY BISCAYNE FL 33149</b>   | CITY-ST-ZIP              | <b>04/22/03--01081--021 **526.25</b> |
| DOCUMENT #                      |                                | STREET ADDRESS           |                                      |
| NAME                            |                                | CITY-ST-ZIP              |                                      |
| STREET ADDRESS                  |                                | STREET ADDRESS           |                                      |
| CITY-ST-ZIP                     |                                | CITY-ST-ZIP              |                                      |
| DOCUMENT #                      |                                | STREET ADDRESS           |                                      |
| NAME                            |                                | CITY-ST-ZIP              |                                      |
| STREET ADDRESS                  |                                | STREET ADDRESS           |                                      |
| CITY-ST-ZIP                     |                                | CITY-ST-ZIP              |                                      |
| DOCUMENT #                      |                                | STREET ADDRESS           |                                      |
| NAME                            |                                | CITY-ST-ZIP              |                                      |
| STREET ADDRESS                  |                                | STREET ADDRESS           |                                      |
| CITY-ST-ZIP                     |                                | 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**

|  |                   |                                  |
|--|-------------------|----------------------------------|
| <b>SIGNATURE:</b>  <b>SIGNATURE REQUIRED</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | Date<br>✓ 4/18/03 | Daytime Phone #<br>✓ 305-3615425 |
|--|-------------------|----------------------------------|

STAPLE CHECK HERE

CP2E003 (10/02)