

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000961

1. Entity Name
CFNT, LLLP



FILED
03 JAN 28 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
601 BAYSHORE BLVD., SUITE 650
TAMPA FL 33606

Mailing Address
601 BAYSHORE BLVD., SUITE 650
TAMPA FL 33606



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-3730685

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUNK, CAROL ~~ANN~~ SCHWARTZ
601 BAYSHORE BLVD., SUITE 650
TAMPA FL ~~33606~~ 33606

Name FUNK, CAROL SCHWARTZ

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

City

FL

Zip Code

33606

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 *Carol S. Funk*
Signature, typed or printed name of registered agent and title if applicable.

1/21/03

DATE

9. Capital Contributions as Shown on record. \$2,750,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1,000.00

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 #
NAME CFNT, INC. 901060070273
STREET ADDRESS 601 BAYSHORE BLVD., SUITE 650
CITY-ST-ZIP TAMPA FL 33606

STREET ADDRESS

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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: *Carol S. Funk* REQUIRED *Carol S. Funk* 1/21/03 813 251-1625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0013247 AT

CR2E003 (10/02)