

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 APR -4 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0015835 AT

DOCUMENT # A01000001609



1. Entity Name
BGI PARTNERS-COOPER CREEK LIMITED PARTNERSHIP

Principal Place of Business
**1 SOUTH SCHOOL AVE., SUITE 500
SARASOTA FL 34237**

Mailing Address
**1 SOUTH SCHOOL AVE., SUITE 500
SARASOTA FL 34237**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **04-3616634**

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

**BRADLEY, SCOTT D
1 SOUTH SCHOOL AVE., SUITE 500
SARASOTA FL 34237**

Name

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

04/04/03--01071--001 **141.25

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. I am familiar with, and accept the obligations of registered agent.

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 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 **LIEBERMAN, LARRY P TRUSTEE**
STREET ADDRESS **1 SOUTH SCHOOL AVE., SUITE 500**
CITY-ST-ZIP **SARASOTA FL 34237**

STREET ADDRESS

CITY-ST-ZIP

200015327442
04/04/03 01071--001 **141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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 process required by Chapter 620, Florida Statutes.

BY: LARRY P. LIEBERMAN FAMILY TRUST GENERAL PARTNER

SIGNATURE: **X BY: SIGNATURE REQUIRED TRUSTEE**

X 3/31/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)