

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000678

1. Entity Name
GOLD COAST FUTURES FUND LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -2 PM 3:11

Principal Place of Business
218 COMMERCIAL BLVD
SUITE 208F
LAUDERDALE BY THE SEA FL 33308
US

Mailing Address
218 COMMERCIAL BLVD
SUITE 208F
LAUDERDALE BY THE SEA FL 33308
US



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

01-0690883

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

JONASSON, BJORN H
218 COMMERCIAL BLVD
SUITE 208F
LAUDERDALE BY THE SEA FL 33308

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. 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, \$ 25,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

62,000.00

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 JONSSON, AUDREY
STREET ADDRESS MANADSVAGEN 44
CITY-ST-ZIP JARFALLA SE S-177-42

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME JONSSON, KURT
STREET ADDRESS MANADSVAGEN 44
CITY-ST-ZIP JARFALLA SE S-177-42

STREET ADDRESS

CITY-ST-ZIP

700017910067

05/02/03--01095--012 **522.75

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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:

AUDREY JONSSON

APRIL 28, 2003 954 938 9305

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0002904 AV