


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

#141.25

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DOCUMENT # A02000000737

1. Entity Name
COVENTRY PARK I, LTD.



FILED
03 APR 23 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**9200 SOUTH DADELAND BLVD., SUITE 500
MIAMI FL 33156**

Mailing Address
**9200 SOUTH DADELAND BLVD., SUITE 500
MIAMI FL 33156**



2. Principal Place of Business		3. Mailing Address		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPIELMAN, ROBERT E		Name	
9200 SOUTH DADELAND BLVD., SUITE 500		Street Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33156		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions <small>as Shown on record</small>	\$1,000.00	10. Amount of Capital Contributions <small>in FLORIDA to date</small>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 STREET ADDRESS CITY-ST-ZIP	P02000056665 EQUICOVE, INC 9200 SOUTH DADELAND BLVD., SUITE 500 MIAMI FL 33156	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	600016697576
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	04/23/03--01010--016 **582.50
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME 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

SIGNATURE *Robert E Spielman* **11/10/03 305-670-9700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)