

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021383 FP

DOCUMENT # **A02000001437**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Wk 2/p

03 FEB -4 PH 3:57

1. Entity Name
THE ART FUND LTD.

Principal Place of Business
**THE TRIANON CENTRE 3777 TAMiami TRAIL N.
SUITE 200
NAPLES FL 34103
US**

Mailing Address
**THE TRIANON CENTRE 3777-TAMIAMI TRAIL N.
SUITE 200
NAPLES FL 34103
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2003

4. FEI Number
32-0034424

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

6. Name and Address of Current Registered Agent
**SIMPSON, DOROTHY U
2777 12TH STREET NORTH
NAPLES FL 34103**

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$22,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **22,000.00**

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 | |
|---|--|
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | BRIDGES, WILLIAM M 2777 12TH STREET NORTH NAPLES FL 34103 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--------------------------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | 400011784704 |
| STREET ADDRESS | 02/04/03--01061--012 **242.75 |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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 report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Date **1-17-2003** Daytime Phone # _____

STAPLE CHECK HERE

CR2E003 (10/02)