## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

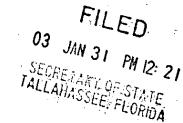
## A06718 **DOCUMENT #**

1. Entity Name COOPER SMITH PROPERTIES, LTD.



Principal Place of Business 1223 RIVER BREEZE BLVD ORMOND BEACH FL 32176

Mailing Address 1223 RIVER BREEZE BLVD ORMOND BEACH FL 32176





2. Principal Place of Business			3. Mailing Address								
Si	uite, Apt. #	, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2003					
Ci	ity & State		City & State			4. FEI Number	59-1854583		Applie Not Ap	d For	
Zi	ip	Country	Zip Cou		try			8.75 Addition ee Required	3.75 Additional e Required		
		6. Name and Address of Curre	nt Registered Agent			7. Name and	Address of New Re	gistered Ag	gent		
S.	ALTH CO	NOSED.		· · · · · · · · · · · · · · · · · · ·	Name	<u></u>					
	SMITH, COOPER 1223 RIVER BREEZE BLVD.					Street Address (P.O. Box Number is Not Acceptable)					
		BEACH FL 32176									
		•		City FL Zip Code							
8. T	he above	named entity submits this statement	for the purpose of changing	ing its register	ed office or regi	stered agent, or both	, in the State of Flori	ida. I am fa	miliar with, and	accept	
th	he obligations of registered agent.										
SIGN	GNATURE Signature, typed or printed name of registered agent and title if applicable.				<del></del>			OATE			
		ntributions \$500.00	Capital Contri A to date.	butions -		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			STATE FION		
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY IN NOTE: General Partners MAY NOT be changed on the form					ISTERED AND A nent must be filed	CTIVE WITH THIS I to change a ge	OFFICE. neral part	ner.		
12.		GENERAL PARTNER INFORMATION				ADDRESS CHANGES ONLY					
	MENT #	SMITH, COOPER 1223 RIVER BREEZE BLVD ORMOND BEACH FL			EET ADDRESS					{	
NAME	T ADDRESS								•		
I -	ST-ZIP				Y-ST-ZIP	<del>- 800011416648</del> 01/31/0301015001 **141.25					
	IMENT #	SMITH, ELIZABETH 1223 RIVER BREEZE BLVD ORMOND BEACH FL			EET ADDRESS	01/31/	0301015-	-001 *	*141.25		
1	et address    -  -st-zip				Y-ST-ZIP						
DOCU	JMENT #			STR	REET ADDRESS	1					
STREE	ET ADDRESS -ST-ZIP				Y-ST-ZIP	15/					
DOCU	JMENT #			STF	REET ADDRESS	, ,					
STREE	ET ADDRESS - St-Zip			СІТ	Y-ST-ZIP	``					
는 DOCU	JMENT #			STE	REET ADDRESS						
STREE	et address -st-zip		<u> </u>	Cit	Y-ST-ZIP						
DOCL NAME	UMENT #		•	STI	REET ADDRESS						
1 '	ET ADDRESS -ST-ZIP			CIT	Y-ST-ZIP		<del>_</del>				

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:

386-441-4700