## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A19148  1. Entity Name							$\sim$
COCO PLUM BEACH PARTNERS, LIMITED PARTNERSHIP					FILED 7		
Principal Place of Business P. O. BOX 416 SANIBEL FL 33957		Mailing Address P. O. BOX 416 SANIBEL FL 33957		01 MAR 29 AM 11: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		-	4. FEI Number	62-1277834	Applied For Not Applicable
Zip	Country Zip		Country	5. Certificate of Statu		Status Desired	¢0.75
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New Registe	
WORTZEL, ALAN S. 2133 PERIWINKLE WAY SANIBEL FL 33957				Street Address (P.O. Box Number is Not Acceptable)			
			City	City FL Zip Code			
8. The above	named entity submits this statement f	or the purpose of changing its re	egistered office	e or register	ed agent, or both,	in the State of Florida.	· · · · · · · · · · · · · · · · · · ·
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: F	Registered Agent si	ignature required	when reinstating)	D/	ATE
9. Capital Co as Shown	on record.	10. Amount of Capital in FLORIDA to date	e. '			SEE REVERSE SID	ABLE TO DEPT. OF STATE DE FOR FEE INFORMATION
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS ENTI	ITY MUST E	BE REGIST	ERED AND AC	TIVE WITH THIS OF	FICE.
12.	GENERAL PARTNE		13.	illendillen	t must be med	ADDRESS CHANGES	
DOCUMENT # WORTZEL, ALAN			STREET ADDRE	SS			
STREET ADDRESS CITY-ST-ZIP	s 1875 AROSLEY WAY SANIBEL FL						
DOCUMENT # NAME			STREET ADDRE	ss	— <del> </del>	·	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			IDDD396	35182
NAME		÷	STREET ADDRE	<u>ss</u>		-04/06/01- ****158.7	-01116009 5 ****158.75
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STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
14. I hereby certify that the information supplied with this filling 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							