

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A19561

1. Entity Name  
CFS I - PAVILION, LTD.



Principal Place of Business  
3003 TAMiami TRAIL N STE 400  
NAPLES FL 34103

Mailing Address  
3003 TAMiami TRAIL N STE 400  
NAPLES FL 34103

FILED

2003 MAY -6 AM 10: 06

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



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 59-2541100

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

FLORA, TERRY L  
3003 TAMiami TRAIL NORTH, SUITE 400  
NAPLES FL 34103

Name CORINA, ROBERT D  
Street Address (P.O. Box Number is Not Acceptable)  
3003 TAMiami TRAIL N, STE 400  
City NAPLES FL Zip Code 34103

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.

Robert D. Corina

2/25/03

DATE

9. Capital Contributions as Shown on record. \$2,800,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$2,800,000.00

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 # M06384  
NAME COLLIER FINANCIAL SERVICES, INC.  
STREET ADDRESS 3003 TAMiami TRAIL NORTH, SUITE 400  
CITY-ST-ZIP NAPLES FL 34103

STREET ADDRESS  
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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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Robert D. Corina

2/25/03

239-261-4455

Date

Daytime Phone #

CR2E003 (10/02)

0004783 AV