

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003240 AF

**DOCUMENT # A26394**

1. Entity Name  
**COPANS (PHASE I) ASSOCIATES, LTD.**


Principal Place of Business <b>2100 PARK CENTRAL BLVD., N. #900 POMPAÑO BEACH FL 33064</b>	Mailing Address <b>2100 PARK CENTRAL BLVD., N. #900 POMPAÑO BEACH FL 33064</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**

**01 APR 23 PM 12:39**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PREMIER ASSET MANAGEMENT, INC.</b> <b>2100 PARK CENTRAL BLVD., N. #900</b> <b>POMPAÑO BEACH FL 33064</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$1,751,705.97</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO 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 #	V63786	STREET ADDRESS	
NAME	COPANS (PHASE I), INC.	CITY-ST-ZIP	
STREET ADDRESS	2100 PARK CENTRAL BLVD N., #900		
CITY-ST-ZIP	POMPAÑO BEACH FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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 REQUIRED** **4/18/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E003 (11/00)