

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -2 P 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04062005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0372636
Applied For Not Applicable

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

DOCUMENT # A26394
1. Entity Name
COPANS (PHASE I) ASSOCIATES, LTD.



Principal Place of Business
2100 PARK CENTRAL BLVD., N., #900
POMPAO BEACH, FL 33064

Mailing Address
2100 PARK CENTRAL BLVD., N., #900
POMPAO BEACH, FL 33064

2. Principal Place of Business
2875 N.E. 191ST STREET
Suite, Apt. #, etc.
PENTHOUSE 1B
City & State
AVENTURA, FLORIDA
Zip 33180 Country USA

3. Mailing Address
2875 N.E. 191ST STREET
Suite, Apt. #, etc.
PENTHOUSE 1B
City & State
AVENTURA, FLORIDA
Zip 33180 Country USA

6. Name and Address of Current Registered Agent
PREMIER ASSET MANAGEMENT, INC
2875 N.E. 191ST STREET
PENTHOUSE 1B
AVENTURA, FL 33180

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. \$1,751,705.97
10. Amount of Capital Contributions in FLORIDA to date.

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	POMPAO BEACH, FL 33064		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: Erwin Sreoni 4/27/05 305 935 99XD
Signature and Typed or Printed Name of Signing General Partner Date Daytime Phone #

STAPLE CHECK HERE