

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009512 AT

DOCUMENT # A26394



FILED

03 APR 22 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

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

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 65-0372636

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

PREMIER ASSET MANAGEMENT, INC.
2100 PARK CENTRAL BLVD., N., #900
POMPANO BEACH FL 33064

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$1,751,705.97**

10. Amount of Capital Contributions in FLORIDA to date.

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 # V63786
NAME COPANS (PHASE I), INC.
STREET ADDRESS 2100 PARK CENTRAL BLVD N., #900
CITY-ST-ZIP POMPANO BEACH FL

STREET ADDRESS

CITY-ST-ZIP

33064

DOCUMENT #
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526.25

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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

4.17.03

305935-5175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)