2002 UNIF	ORM BUSINESS	REPORT (UBR

A29514

DOCUMENT #

†. Entity Name

ATLANTIC OAKS PARTNERS, LTD.

Principal Place of Business 1551 SANDSPUR ROAD MAITLAND FL 32751 Mailing Address

% BROAD & CASSEL P.O. BOX 4961 FILED

02 FEB 15 PH 1: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

man 2 ato 12 ato.			ORLANDO FL 32802-4961				
2. Principal Place of Business		3. Mailing Address	. Mailing Address				
Suite, Apt. #, etc. Suite, A		Suite, Apt. #, etc.	e, Apt. #, etc.		DUE BY MAY 1, 2002		
City & State City & State		City & State	State		4. FEI Number 59-2985767 Applied For Not Applicable		
Zip		Country	Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name	and Address of Current R	egistered Agent		· · · · · · · · · · · · · · · · · · ·	7. Name and Address of New Registered Agent	
B & C CORPORATE SERVICES OF CENTRAL FLORIDA, INC. 390 NORTH ORANGE AVE., #1100				Name Street Address	ss (P.O. Box Number is Not Acceptable)		
ORLANDO) FL 32801				City	FL Zip Code	
SIGNATURE _	Signature, typed	or printed name of registered agent ar	d title if applicable.			DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
Capital Cor as Shown o		\$1,192,043.00	in FLORID	Capital Contrib A to date.	outions ·	SEE REVERSE SIDE FOR FEE INFORMATION	
12.	A C NOTE:	GENERAL PARTNER TO General Partners MA GENERAL PARTNER	NOT be changed	S ENTITY M on the form	UST BE REGI ; an amendm	ISTERED AND ACTIVE WITH THIS OFFICE. nent must be filed to change a general partner. ADDRESS CHANGES ONLY	
NAME CED CAPITAL HOLDINGS I, LTD., A FL. L.P. STREET ADDRESS 1551 SANDSPUR ROAD			-ST-ZIP	1000049607616			
DOCUMENT # NAME				STRE	EET ADDRESS	100049607616 -02/20/0201049017 ****526.25 ****526.25	
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		
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DOCUMENT #				STRE	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	partify that th	e information supplied with	this filing does not gu		-ST-ZIP	section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath, that I am a General Partner of the limited partnership of	

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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER

managing general partner

467 74 8 50 V