

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000141**

1. Entity Name

**CAYO HUESO COTTAGES LIMITED PARTNERSHIP**

Principal Place of Business

**1205 CALAIS LANE  
KEY WEST FL 33040**

Mailing Address

**1205 CALAIS LANE  
KEY WEST FL 33040**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0407533**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DUE BY MAY 1, 2002**

APPROVED  
AND  
FILED  
  
02 APR -8 PM 3:08  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent

**BENAVIDES, JAIME M  
1205 CALAIS LANE  
KEY WEST FL 33040**

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.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

**\$195,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$195,000.00**

11. MAKE CHECK PAYABLE TO 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

DOCUMENT #  
NAME **BENAVIDES, JAIME M**  
STREET ADDRESS **1205 CALAIS LANE**  
CITY-ST-ZIP **KEY WEST FL 33040**

DOCUMENT #  
NAME **BENAVIDES, NELA J**  
STREET ADDRESS **702 CATHERINE STREET**  
CITY-ST-ZIP **KEY WEST FL 33040**

DOCUMENT #  
NAME **HARDY, WILLIAM M.D.**  
STREET ADDRESS **263 FAIRWAY LANE**  
CITY-ST-ZIP **ONEIDA TN 37841**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**200005257432--2**  
**-04/12/02--01055--010**  
**\*\*\*\*\*535.00 \*\*\*\*\*535.00**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/5/02 305-294-5973**  
Date Daytime Phone #

0009275 AT

CR2E003 (9/01)