

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009940 AF

DOCUMENT # **A94000000676**

1. Entity Name

**CAPITAL REALTY PARTNERS, L.P., LTD.**

**FILED**

**APR 23 PM 12:41**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>7650 BAYSHORE DRIVE, APT. 403-B TREASURE ISLAND FL 33706</b>	Mailing Address <b>7650 BAYSHORE DRIVE, APT. 403-B TREASURE ISLAND FL 33706</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3236378</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

**6. Name and Address of Current Registered Agent**

**RONALD C. WHITE, P.A.  
5348 FIRST AVENUE NORTH  
ST PETERSBURG FL 33710**

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

9. Capital Contributions as Shown on record. <b>\$686,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>486,000</b>	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 #	<b>LINSKY, MAUREEN 7650 BAYSHORE DRIVE, APT. 403-B TREASURE ISLAND FL 33706</b>	STREET ADDRESS	<b>688884162156--0 -05/08/01--01073--009 ****526.25 ****526.25</b>
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		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:** *Maureen Linsky* **SIGNATURE REQUIRED MAUREEN LINSKY** **4-19-01 727-360-7811**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)