

2002 UNIFORM BUSINESS REPORT (UBR)

0006782 AT

DOCUMENT # **A94000000758**

1. Entity Name

HAVANA STEAM PARTNERS, LTD.

FILED

2002 MAR -4 PM 3:14

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business POST OFFICE BOX 1128 HAVANA FL 32333	Mailing Address POST OFFICE BOX 1128 HAVANA FL 32333
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002	
4. FEI Number 59-3237858	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ROCKWOOD, THOMSON W
HIGHWAY 27 NORTH
HAVANA FL 32333**

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

9. Capital Contributions as Shown on record. \$31,500.00	10. Amount of Capital Contributions in FLORIDA to date. 31,500.00	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

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F94000002739 HAVANA BOILER COMPANY POST OFFICE BOX 1128, HWY 27 NORTH HAVANA FL 32333
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	700005096907--3 -03/12/02--01044--001 ****309.25 ****309.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: Thomson W. Rockwood 2/28/02 850-539-6432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE