

# **LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** A94000000830

**1. Entity Name**  
Colè Family Limited Partnership

**FILED**  
2002 JUN -7 PM 12:21  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

|                                                                  |  |                                                      |  |                                                                                                        |  |
|------------------------------------------------------------------|--|------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|
| <b>2. Principal Place of Business</b><br>1102 Ben Franklin Drive |  | <b>3. Mailing Address</b><br>1102 Ben Franklin Drive |  | <b>DUE BY MAY 1</b>                                                                                    |  |
| Suite, Apt. #, etc.<br>307                                       |  | Suite, Apt. #, etc.<br>307                           |  |                                                                                                        |  |
| City & State<br>Sarasota, FL                                     |  | City & State<br>Sarasota, FL                         |  | <b>4. FEI Number</b><br>65-0506983                                                                     |  |
| Zip<br>34236                                                     |  | Country<br>U.S.                                      |  | Applied For<br>Not Applicable                                                                          |  |
|                                                                  |  |                                                      |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

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

Name  
Vernon J. Cole

Street Address (P.O. Box Number is Not Acceptable)  
1102 Ben Franklin Drive, Apt. 307

City  
Sarasota

FL Zip Code  
34236

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IN THIS SPACE**

**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 date if applicable.

DATE

|                                                        |              |                                                                   |              |                                                                                                |
|--------------------------------------------------------|--------------|-------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------|
| <b>9. Capital Contributions</b><br>as Shown on record. | 1,814,169.64 | <b>10. Amount of Capital Contributions</b><br>in FLORIDA to date. | 1,814,169.64 | <b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE</b><br><b>SEE REVERSE SIDE FOR FEE INFORMATION</b> |
|--------------------------------------------------------|--------------|-------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------|

**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 |                                   | STREET ADDRESS | CITY-ST-ZIP |
|---------------------------------|-----------------------------------|----------------|-------------|
| DOCUMENT #                      | CFP Corp.                         |                |             |
| NAME                            | 1102 Ben Franklin Drive, Apt. 307 |                |             |
| STREET ADDRESS                  | Sarasota, FL 34236                |                |             |
| CITY-ST-ZIP                     |                                   |                |             |
| DOCUMENT #                      |                                   |                |             |
| NAME                            |                                   |                |             |
| STREET ADDRESS                  |                                   |                |             |
| CITY-ST-ZIP                     |                                   |                |             |
| DOCUMENT #                      |                                   |                |             |
| NAME                            |                                   |                |             |
| STREET ADDRESS                  |                                   |                |             |
| CITY-ST-ZIP                     |                                   |                |             |
| DOCUMENT #                      |                                   |                |             |
| NAME                            |                                   |                |             |
| STREET ADDRESS                  |                                   |                |             |
| CITY-ST-ZIP                     |                                   |                |             |
| DOCUMENT #                      |                                   |                |             |
| NAME                            |                                   |                |             |
| STREET ADDRESS                  |                                   |                |             |
| CITY-ST-ZIP                     |                                   |                |             |

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IN THIS SPACE**

**14.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Vernon J. Cole, President CFP Corp* 04/30/02 388-2814 (941)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

(859) 269-9824

STAPLE CHECK HERE

CR2E03B (12/01)