

2002 UNIFORM BUSINESS REPORT (UBR)

0020578 AB

DOCUMENT # A96000001645

1. Entity Name

CAPE HOUSE PROPERTIES, LTD.

FILED

02 JAN 28 PM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

C/O FOLEY & LARDNER
200 LAURA STREET
JACKSONVILLE FL 32202

Mailing Address

11512 EL CAMINO REAL SUITE 100
SAN DIEGO CA 92130

2. Principal Place of Business

4460 Hodges Blvd

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Jacksonville FL

City & State

Zip

Country

4. FEI Number

33-0721182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75-Additional
Fee Required

6. Name and Address of Current Registered Agent

F&L CORP
200 LAURA STREET
JACKSONVILLE FL 32202

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.

\$240,200.00

10. Amount of Capital Contributions
in FLORIDA to date.

200,000

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 # F96000004543
NAME DOUGLAS ALLRED CO.
STREET ADDRESS 11512 EL CAMINO REAL, SUITE 100
CITY-ST-ZIP SAN DIEGO CA 92130

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

500004850155--0
01/31/02-01032-005
****526.25 ****526.25

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

Date

Daytime Phone #

Douglas O. Allred 1/15/02 (888) 793-0202

CR2E003 (9/01)