

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A97000000274**

1. Entity Name  
**COOLIDGE-FT. MYERS REALTY LIMITED PARTNERSHIP**



Principal Place of Business  
**COOLIDGE FT. MYERS REALTY, L.P.  
2250 AVENIDA DEL VERA  
NORTH FORT MYERS FL 33917**

Mailing Address  
**COOLIDGE FT. MYERS REALTY, L.P.  
2250 AVENIDA DEL VERA  
NORTH FORT MYERS FL 33917**

**FILED**  
**03 MAY -5 PM 7:04**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **65-0728528**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALLAHAN, W. SCOTT  
37 N. ORANGE AVE.  
SUITE 200  
ORLANDO FL 32802-3388**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record. **\$20,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F96000002464**  
NAME **COOLIDGE-VALENCIA REALTY CORP.**  
STREET ADDRESS **455 CENTRAL PARK AVENUE**  
CITY-ST-ZIP **SCARSDALE NY 10583**

STREET ADDRESS **2250 AVENIDA Del VERA**  
CITY-ST-ZIP **N. Ft. Myers FL 33917**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP **200018005962  
05/05/03--01053--021 \*\*526.25**

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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:

**SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-28-03**

Date

**239-731-4538**

Daytime Phone #

CR2E003 (10/02)

0014967 AT