


# 2000 UNIFORM BUSINESS REPORT (UBR)

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|   |                          |   |         |
|---|--------------------------|---|---------|
| <b>DOCUMENT # A97000002800</b>  |                          |   |         |
| <b>1. Entity Name</b><br>CORDILLERA CAPITAL, LTD.   |                          |   |         |
| <b>Principal Place of Business</b><br>4156 BRYNWOOD DRIVE<br>NAPLES FL 34119  |                          | <b>Mailing Address</b><br>4156 BRYNWOOD DRIVE<br>NAPLES FL 34119-8408 |         |
| <b>2. Principal Place of Business</b>   |                          | <b>3. Mailing Address</b>   |         |
| Suite, Apt. #, etc.   |                          | Suite, Apt. #, etc.   |         |
| City & State  |                          | City & State  |         |
| Zip   | Country                  | Zip   | Country |
| <b>6. Name and Address of Current Registered Agent</b>  |                          | <b>7. Name and Address of New Registered Agent</b>                    |         |
| CORDILLERA CAPITAL CORP.<br>4156 BRYNWOOD DRIVE<br>NAPLES FL 34119  |                          | Name  |         |
|   |                          | Street Address (P.O. Box Number is Not Acceptable)                    |         |
|   |                          | City  |         |
|   |                          | State Zip Code  |         |
| <b>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.</b>  |                          |   |         |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                          |   |         |
| <b>9. Capital Contributions as Shown on record.</b> \$2,400,000.00  |                          | <b>10. Amount of Capital Contributions in FLORIDA to date.</b>        |         |
| <b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>  |                          |   |         |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b> |                          |   |         |
| <b>12. GENERAL PARTNER INFORMATION</b>  |                          | <b>13. ADDRESS CHANGES ONLY</b>                                       |         |
| DOCUMENT #  | P97000062306             | STREET ADDRESS  |         |
| NAME  | CORDILLERA CAPITAL CORP. | CITY - ST - ZIP   |         |
| STREET ADDRESS  | 4156 BRYNWOOD DRIVE      |   |         |
| CITY - ST - ZIP   | NAPLES FL 34119          |   |         |
| DOCUMENT #  |                          | STREET ADDRESS  |         |
| NAME  |                          | CITY - ST - ZIP   |         |
| STREET ADDRESS  |                          |   |         |
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| STREET ADDRESS  |                          |   |         |
| CITY - ST - ZIP   |                          |   |         |

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00 APR 10 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)

**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:** Michael A. Brennan **4/7/00** **941-592-9914**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #