

2001 UNIFORM BUSINESS REPORT (UBR)

27

DOCUMENT # *A98000001569*

1. Entity Name

Conal Point Partners, Ltd

FILED

Principal Place of Business

Mailing Address

01 APR 23 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

777 Burchell Ave.

3. Mailing Address

777 Burchell Ave

Suite, Apt. #, etc.

Suite 1200

Suite, Apt. #, etc.

Suite 1200

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0861937

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33131

Country

USA

DO NOT WRITE IN THIS SPACE

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

*Eva M. Levenshau
777 Burchell Ave
Suite 1200
Miami, FL 33131*

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

1,000

10. Amount of Capital Contributions
in FLORIDA to date.

1,000

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

13. ADDRESS CHANGES ONLY

DOCUMENT # *C980000001569*
NAME *CPP, L.C.*
STREET ADDRESS *777 Burchell Ave, Suite 1200*
CITY-ST-ZIP *Miami FL 33131*

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*Eva M. Levenshau
Manager of CPP, L.C., GP of Conal Point Partners*

CR2E003 (11/00)