

2001 UNIFORM BUSINESS REPORT (UBR)

0001746 AF

DOCUMENT # A98000002697
1. Entity Name
 CARS ASSET PARTNERSHIP, LTD.

FILED

Principal Place of Business
 1044 PADDINGTON TERRACE
 HEATHROW FL 32746-5319

Mailing Address
 1044 PADDINGTON TERRACE
 HEATHROW FL 32746-5319

01 MAY -9 AM 11:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business
 959 MOONLUSTER DR.
 Suite, Apt. #, etc.

3. Mailing Address
 959 MOONLUSTER DR.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 CASSELBERRY, FL, 32707-3438

City & State
 CASSELBERRY, FL.

Zip
 32707-3438

Country
 U.S.A.

Zip
 32707-3438

Country
 U.S.A.

4. FEI Number 59-3487157

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 ISAACS, ALBERT
~~1044 PADDINGTON TERRACE~~
~~HEATHROW FL 32746-5319~~
 959 MOONLUSTER DR.
 CASSELBERRY, FL.
 32707-3438

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$4,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #	ALBERT ISAACS, TRUSTEE
NAME	1044 PADDINGTON TERRACE
STREET ADDRESS	HEATHROW FL 32746-5319
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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	959 MOONLUSTER DRIVE
CITY-ST-ZIP	CASSELBERRY, FL. 32707-3438
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300004420993--7
CITY-ST-ZIP	-06/14/01--01120--011
STREET ADDRESS	***526.25 ***526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: _____ **DATE** 5/1/01 **Daytime Phone #** 407-388-7790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)