

# 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)