

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003/71 AI

DOCUMENT # A98000002770



FILED
03 FEB 14 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Entity Name
THE CAPAS FAMILY PARTNERSHIP, LTD.

Principal Place of Business
**512 FRONT STREET
KEY WEST FL 33040**

Mailing Address
**512 FRONT STREET
KEY WEST FL 33040**

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 **65-0881547**

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

**LAMONT & NEIMAN, P.A.
2 SOUTH BISCAYNE BLVD., SUITE 3550
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. 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.

\$4,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

200,000.00

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 # **P98000102762**
NAME **CAPAS MANAGEMENT CORP.**
STREET ADDRESS **512 FRONT STREET**
CITY-ST-ZIP **KEY WEST FL 33040**

STREET ADDRESS

CITY-ST-ZIP

400010138914
01/15/03--01093--001 **140.00

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STREET ADDRESS

CITY-ST-ZIP

CR2E003 (10/02)

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: *Capas Management Corp.*
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-13-03 305 296-5293

Date Daytime Phone #