

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002927

1. Entity Name

CONECA PROPERTIES, LTD.

Principal Place of Business

10100 W. SAMPLES RD., SUITE 309
CORAL SPRINGS FL 33365

Mailing Address

10100 W. SAMPLES RD., SUITE 309
CORAL SPRINGS FL 33065-3975

2. Principal Place of Business

10100 W. Sample Rd.

Suite, Apt. #, etc.

Suite 309

City & State

3. Mailing Address

10100 W. Sample Rd.

Suite, Apt. #, etc.

Suite 309

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0888519

Applied For

Not Applied For

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNLEAVY, DAVID

10100 W. SAMPLES RD., SUITE 309
CORAL SPRINGS FL 33365

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

10100 W. Sample Rd. Suite 309

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.

\$1,569,102.50

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 #	P97000093502
NAME	CONECA, INC.
STREET ADDRESS	10100 W. SAMPLES RD., SUITE 309
CITY - ST - ZIP	CORAL SPRINGS FL 33365
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	10100 W. Sample Rd. Suite 309
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

David Dunleavy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/19/2000 954-370-5594

FILED

00 JAN 21 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE