

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

52625

000689 AT

DOCUMENT # A98000002927

1. Entity Name
CONECA PROPERTIES, LTD.



FILED

2003 MAY -8 AM 11:25

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
210 N. UNIVERSITY DR., STE. #212
CORAL SPRINGS FL 33071-7339

Mailing Address
210 N. UNIVERSITY DR., STE. #212
CORAL SPRINGS FL 33071-7339

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0888519

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNLEAVY, DAVID

210 N. UNIVERSITY DR., STE. #212

CORAL SPRINGS FL 33071-7339

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. \$11,433,550.75

10. Amount of Capital Contributions
in FLORIDA to date.

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 # P97000093502
NAME CONECA, INC.
STREET ADDRESS 210 N. UNIVERSITY DR., STE. #212
CITY-ST-ZIP CORAL SPRINGS FL 33071-7339

STREET ADDRESS

CITY-ST-ZIP

600012566136
02/14/03--01048--006 **446.25

DOCUMENT #
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

600012566136
05/08/03--01007--005 **88.75

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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 or 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

1/31/03

Date

954 340 5594

Daytime Phone #

CR2E003 (10/02)

STAMPLE CHECK HERE