

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000305
1. Entity Name
 COPELAND I, LTD.

FILED
 01 JUN 22 PM 12:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
 5402 LONGBOAT BLVD 5402 LONGBOAT BLVD
 TAMPA FL 33615 TAMPA FL 33615-4236

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
 59-3562590
 Added For: Not Added For:
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 DRUMMOND, TEMPLE H ESQ
 KASS HODGES PA
 1505 NORTH FLORIDA AVENUE
 TAMPA FL 33602

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ 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 of, 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 \$50,000.00 **10. Amount of Capital Contributions in FLORIDA to date.** 50,000

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 #	P99000008173
NAME	COPELAND MANAGEMENT COMPANY, INC.
STREET ADDRESS	5402 LONGBOAT BLVD
CITY - ST - ZIP	TAMPA FL 33615
DOCUMENT #	350.00-LP
NAME	88.75-Adm
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	
CITY - ST - ZIP	
STREET ADDRESS	400004451154-7
CITY - ST - ZIP	-06/29/01--01015--005 ****438.75 ****438.75
STREET ADDRESS	
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