

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000423
1. Entity Name
COMEAU LIMITED PARTNERSHIP

FILED

01 JUL 18 AM 8:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 319 CLEMATIS ST., STE. 200
 WEST PALM BEACH FL 33401

Mailing Address
 319 CLEMATIS ST., STE. 200
 WEST PALM BEACH FL 33401

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State **City & State**

4. FEI Number 65-0907788 **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
BERIRO, ALBERT
319 CLEMATIS ST., STE. 200
WEST PALM BEACH FL 33401

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record. \$475,000.00 **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 #	L73768
NAME	ALCAD REAL ESTATE CORPORATION
STREET ADDRESS	319 CLEMATIS ST., STE. 200
CITY-ST-ZIP	WEST PALM BEACH FL 33401
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	
CITY-ST-ZIP	400004488504--0 -07/20/01--01110--010 ****926.25 ****926.25
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

SIGNATURE: ALBERT BERIRO **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** 7/16/2001 (861)8336668
 Date Daytime Phone #

0001212 AI

CR2E003 (5/01)

STAPLE CHECK HERE