

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000474**

1. Entity Name

COVE CAPITAL APPRECIATION FUND, LIMITED PARTNERS

Principal Place of Business

**1900 GLADES ROAD, SUITE 201
BOCA RATON FL 33431**

Mailing Address

**1900 GLADES ROAD, SUITE 201
BOCA RATON FL 33431**

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

65-0908837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARGOLIES, MICHAEL

1900 GLADES ROAD, SUITE 201

BOCA RATON FL 33431

Name

Ian Berkowitz

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

1900 Glades Road

Suite 201

City

Boca Raton

FL

Zip Code
33431

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 **Ian Berkowitz** **4/17/01**

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.

\$2,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$200,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P96000075332**
NAME **COVE ASSET MANAGEMENT INC.**
STREET ADDRESS **1900 GLADES ROAD, SUITE 201**
CITY-ST-ZIP **BOCA RATON FL 33431**

STREET ADDRESS

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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:

Michael Margolies
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/17/01

Date

561-447-4044

Daytime Phone #

FILED

01 APR 24 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)