

2001 UNIFORM BUSINESS REPORT (UBR)

0010882 AF

DOCUMENT # **A99000000505**

1. Entity Name

CAPSTONE BUILDERS OF SOUTHWEST FLORIDA, LTD.

FILED

01 MAR 28 AM 7:14

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1827 TRADE CENTER WAY, SUITE 3 NAPLES FL 34109	Mailing Address 1827 TRADE CENTER WAY, SUITE 3 NAPLES FL 34109
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3575848	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MUSUMANO, PATSY
1827 TRADE CENTER WAY, SUITE 3
NAPLES FL 34109

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. \$870,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # P99000027298	NAME CAPSTONE DEVELOPERS OF S.W. FLA., INC.	STREET ADDRESS	
STREET ADDRESS 1827 TRADE CENTER WAY, SUITE 3	CITY-ST-ZIP NAPLES FL 34109	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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STREET ADDRESS	CITY-ST-ZIP	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: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
PATSY MUSUMANO
Date **3/23/01** Daytime Phone #

CR2E003 (11/00)