

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015325  
AT

DOCUMENT # **A99000000505**

1. Entity Name  
**CAPSTONE BUILDERS OF SOUTHWEST FLORIDA, LTD.**



FILED

03 MAY -2 PM 7:52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business  
**1827 TRADE CENTER WAY, SUITE 3  
NAPLES FL 34109**

Mailing Address  
**1827 TRADE CENTER WAY, SUITE 3  
NAPLES FL 34109**



2. Principal Place of Business  
**2100 TRADE CENTER WAY  
SUITE D**

3. Mailing Address  
**SAME**

DUE BY MAY 1, 2003

City & State  
**NAPLES, FL**

City & State

4. FEI Number **59-3575848**

Applied For  
Not Applicable

Zip **34109** Country **USA**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**2100 TRADE CENTER WAY**  
**SUITE D**  
City **NAPLES** FL Zip Code **34109**

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 **PATSY MUSUMANO**

DATE **4/29/03**

9. Capital Contributions as Shown on record. **\$870,000.00**

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 # **P99000027298**  
NAME **CAPSTONE DEVELOPERS OF S.W. FLA., INC.**  
STREET ADDRESS **1827 TRADE CENTER WAY, SUITE 3**  
CITY-ST-ZIP **NAPLES FL 34109**

STREET ADDRESS **2100 TRADE CENTER WAY, SUITE D**

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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:

**SIGNATURE REQUIRED**

DATE **4/29/03**

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE