

2001 UNIFORM BUSINESS REPORT (UBR)

0010918 AF

DOCUMENT # A99000000874

1. Entity Name

COLSON INVESTMENTS, LTD.

FILED

01 MAY 18 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

181 CARICA ROAD
NAPLES FL 34108

Mailing Address

181 CARICA ROAD
NAPLES FL 34108

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2769324

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HECKER, SUSAN BARRETT
WILLIAMS, PARKER, HARRISON, DIETZ
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236**

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

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.

\$2,100,000.00

10. Amount of Capital Contributions in FLORIDA to date.

2,100,000.00

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 # **L99000001129**
NAME **COLSON INVESTMENTS LLC**
STREET ADDRESS **181 CARICA ROAD**
CITY-ST-ZIP **NAPLES FL 34108**

STREET ADDRESS

CITY-ST-ZIP

400004418934--4

-06/14/01--01003--005

*****526.25 ***526.25**

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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:

Susan Barrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/20/01
Date

(44)591-0303
Daytime Phone #

CR2E003 (11/00)