

# 2002 UNIFORM BUSINESS REPORT (UBR)

U.S. / 35 A1

**DOCUMENT # A99000001316**

1. Entity Name  
**FOLSOM PARTNERS, LTD.**

FILED  
02 APR -8 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**2200 LUCIEN WAY, SUITE 350  
MAITLAND FL 32751**

Mailing Address  
**2200 LUCIEN WAY, SUITE 350  
MAITLAND FL 32751**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

**DUE BY MAY 1, 2002**

4. FEI Number **59-3596362**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NEVELEFF, STEPHAN M  
2200 LUCIEN WAY, SUITE 350  
MAITLAND FL 32751**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,549,000.00**

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 #	<b>P99000070445</b>
NAME	<b>FOLSOM INVESTMENTS, INC.</b>
STREET ADDRESS	<b>2200 LUCIEN WAY, SUITE 350</b>
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>
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	<b>700005258707--1</b>
STREET ADDRESS	<b>-04/12/02--01103--023</b>
CITY-ST-ZIP	<b>***526.25 ***526.25</b>
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: *Stephan Neveleff* **STEPHAN NEVELEFF** 2/26/02 407 875 9989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (9/01)