

2002 UNIFORM BUSINESS REPORT (UBR)

0016010 AT

DOCUMENT # B00000000325

1. Entity Name
HP FALCON PARTNERS, L.P.

FILED
02 JUL -1 AM 8:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
801 LAUREL OAK DRIVE
NAPLES FL 34108

Mailing Address
801 LAUREL OAK DRIVE
NAPLES FL 34108

2. Principal Place of Business
2640 Golden Gate Parkway
Suite, Apt. #, etc. 205
City & State Naples, FL
Zip 34105 Country USA

3. Mailing Address
2640 Golden Gate Parkway
Suite, Apt. #, etc. 205
City & State Naples, FL
Zip 34105 Country USA

DUE BY MAY 1, 2002

4. FEI Number 59-3672105
Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. **\$0.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M00000002237	STREET ADDRESS	2640 Golden Gate Parkway #205
NAME	HP FUND MANAGEMENT, LLC	CITY-ST-ZIP	Naples, FL 34105
STREET ADDRESS	801 LAUREL OAK DRIVE		
CITY-ST-ZIP	NAPLES FL 34108		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: _____ **REQUIRED** **6/25/02** **941-403-3030**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)