

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000356

1. Entity Name
PIRANHA CAPITAL, L.P.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 27 AM 10: 29

Principal Place of Business
417 12TH STREET WEST, STE. 213
BRADENTON FL 34205

Mailing Address
417 12TH STREET WEST, STE. 213
BRADENTON FL 34205



2. Principal Place of Business

2 N. Tamiami Trail

3. Mailing Address

2 N. Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 1200

Ste 1200

City & State

City & State

Sarasota FL

Sarasota, FL

Zip

Country

Zip

Country

34236

USA

34236

USA

DUE BY MAY 1, 2003

4. FEI Number 65-1058925

Applied For

Not Applicable

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

ROBERT JOSEPH BEASLEY

417 12TH STREET WEST, STE. 213

BRADENTON FL 34205

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable.

DATE

Robert Joseph Beasley

4-30-03

9. Capital Contributions
as Shown on record.

\$250,000.00

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 # L00000013468
NAME LONGBOAT GLOBAL ADVISORS, LLC
STREET ADDRESS 417 12TH STREET WEST, STE. 213
CITY-ST-ZIP BRADENTON FL 34205

STREET ADDRESS

2 N. Tamiami Trail Ste 1200

CITY-ST-ZIP

Sarasota, FL 34236

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000019682470
05/22/03--01003--003 **526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Robert Joseph Beasley 4-30-03 941-361-2184

Date

Daytime Phone #

CR2E003 (10/02)

0015635 AT