

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B01000000030

1. Entity Name  
TITAN GLOBAL HEDGE FUND, L.P.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG 27 AM 10:29



Principal Place of Business  
417 12TH ST. W., STE. 213  
BRADENTON FL 34205

Mailing Address  
417 12TH ST. W., STE. 213  
BRADENTON FL 34205

2. Principal Place of Business

3. Mailing Address

2 N. Tamiami Trail

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

65-1070900

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

BEASLEY, ROBERT JOSEPH  
417-12TH ST. W., 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 title if applicable.

Robert Joseph Beasley

4-30-03  
DATE

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 ST. W., 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

900019682489

05/22/03--01003--004 \*\*437.50

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900019682489

07/18/03--01011--002 \*\*88.75

DOCUMENT #  
NAME  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/03

941-361-2184

Date

Daytime Phone #

CR2E003 (10/02)

0015623 AT

STAPLE CHECK HERE