2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # B9300000012 1. Entity Name						FILED		
CP SECURITY, LTD.						00 JUL 28 AM 10: 58	-	
Principal Place of Business 2500 NORTH TRAIL. STE. 222 NAPLES FL 39940 Mailing Address 2500 NORTH TRAIL. STE. 222 NAPLES FL 39940				2		SECRETARY OF STATE TALLAHASSEE. FLORIDA		
2. Principal Place of Business 2500 N. TAMIAMI TRAIL 2500 N. TAMIAMI								
Suite, Apt. #, etc. 212		Suite, Apt. #, etc. 212		<u> </u>	DO NOT WRITE IN THIS SPACE			
City & State City & State			· <u>~</u>			4. FEI Number 65-0348843 Applied For Not Applicable		
Zip 34103 Country		Zip 34103 Count		try	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current I	Registered Agent		[7. Name and Address of New Registered Agent		
BENT, WALTER L 2500 NORTH TRAIL: STE. 222				Name Street Address (P.O. Box Number is Not Acceptable)				
NAPLES FL 33940						TAMIAMITRAIL, GTE. 212		
				City		FL Zip Code 34103		
8. The above named entity submits this statement for the purpose of changing its regist SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist 9. Capital Contributions as Shown on record. \$4,640,000.00 10. Amount of Capital Con in FLORIDA to date.					gistered Agent signature required when reinstating) DATE			
	A GENERAL PARTNER TO NOTE: General Partners MA	HAT IS A BUSINESS ENT	ITY M	UST BE F ; an amei	REGIST ndment	ERED AND ACTIVE WITH THIS OFFICE. must be filed to change a general partner.		
12.	GENERAL PARTNER	INFORMATION	13.			ADDRESS CHANGES ONLY	_	
DOCUMENT # NAME	P40399 BENT & ASSOCIATES, INC.			ET ADDRESS	825	CO KLAND, FL 34145	3000	
STREET ADDRESS CITY-ST-ZIP	296 ROCKHILL COURT MARCO ISLAND FL 33937		CITY	-ST-ZIP	MARCO GLAND, FL 34145			
NAME	WEST BOCA SECURITY, INC. 5 WEST THIRD ST.			ET ADDRESS	QN		כ	
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	ZIP COUPERBRORY, PA 16915			
DOCUMENT # NAME		-	STRE	ET ADDRESS		· .		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		FF \$586, 25		
DOCUMENT / NAME			STRE	ET ADDRESS		LF 400,00		
STREET ADDRESS CITY-ST-ZIP	,		CITY-	-ST-ZIP		9000033391393		
DOCUMENT # NAME			STRE	ET ADORESS	<u>.</u>	****926.25 ****926.25		
STREET ADDRESS *GITY-ST-ZIP		,	CITY	-ST-ZIP		,		
D'OCUMENT # NAME	ME LEET ADDRESS Y-ST-ZIP			ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP				
 I hereby of indicated the receiver 	certify that the information supplied with on this report is true and accurate and t ver or trustee empowered to execute this	this filing does not qualify for t hat my signature shall have th report as r <u>equire</u> d by Chapte	he exer e same r 620, F	mption state legal effect lorida State	ed in Sec at as if m utes	ction 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath; that I am a General Partner of the limited partnership or		

Daytime Phone #