2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B940000391 1. Entity Name CAPSTONE OF CAPE CORAL, LTD.								FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address 3310 WEST END AVENUE. SUITE 700 3310 WEST END AVI NASHVILLE TN 37203 NASHVILLE TN 37200					:. Suite	700			02 APR -4	
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.										
							DUE BY MAY 1, 2002			
City & State				City & State			4. FEI Numbe	63-1127979	Applied For Not Applicable	
Zip	Country		Zi	Zip Cour		ntry	5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM						Name				
	JTH PINE ISL			Street Addres		s (P.O. Box Numbe	r is Not Acceptable)			
PLANTATION FL 33324						City				
8. The above	named entity s	ubmits this statement for	the nur	nose of changing its	ronietore		torod coost, or both	in the Ctate of Florida	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 Signature, typed or printed name of registered agent and title if applicable. DATE										
9. Capital Contributions as Shown on record. \$909,776.00 10. Amount of Capital in FLORIDA to date							11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION T BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
	NOTE: G	NERAL PARTNER THE Seneral Partners MA	HAT IS Y NOT	A BUSINESS EN be changed on th	rity M e form	UST BE REGIS ; an amendmo	STERED AND AG ent must be filed	CTIVE WITH THIS (I to change a gene	OFFICE. ral partner.	
12. GENERAL PARTNER INFORMATION 13. DOCUMENT # F94000005005								ADDRESS CHANG	ES ONLY	
NAME	CAPSTONE CAPITAL OF CAPE CORAL, INC.					ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP					CITY-	-ST-ZIP	AL			
DOCUMENT # NAME			,		STRE	ET ADDRESS				
STREET ADDRESS CITY - ST - ZIP					CITY-	-ST-ZIP	· · ·		-	
DOCUMENT #	<u>.</u>	r		. ,	STREE	ET ADDRESS	5	000052 -04/11/1	36165-1 12-1009	
NAME STREET ADDRESS CITY-ST-ZIP					CITY-	ST-ZIP		****\$26		
DOCUMENT #	· <u>-</u>				STREE	ET ADDRESS	· , , 			
NAME STREET ADDRESS	÷					ST-ZIP		7/4		
DOCUMENT #		, <u>, , , , , , , , , , , , , , , , , , </u>			-	T ADDRESS				
NAMES STREET ADDRESS					I	ST-ZIP				
DOCUMENT #					-	·				
NAME STREET ADDRESS					ı	TADDRESS				
CITY-ST-ZIP	artify that the int	formation aunalised	bio £ir -	dan - · · · · · · ·		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: Date Coral Inc. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #										