

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B95000000010

1. Entity Name

COOLIDGE - KEY LARGO EQUITIES LIMITED PARTNERSHI

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -7 AM 10: 02



DO NOT WRITE IN THIS SPACE

Principal Place of Business 455 CENTRAL PARK AVENUE, SUITE 308 SCARSDALE NY 10583	Mailing Address C/O ROBERT V. TIBURZI, JR. 455 CENTRAL PARK AVENUE SCARSDALE NY 10583
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 13-3797705	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 <u>Jennifer Morgan</u> 7/17/00 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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9. Capital Contributions as Shown on record \$530,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # F95000000119 NAME COOLIDGE - KEY LARGO REALTY CORP. STREET ADDRESS C/O 455 CENTRAL PARK AVENUE CITY-ST-ZIP SCARSDALE NY 10583	STREET ADDRESS CITY-ST-ZIP
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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: <u>Robert V. Tiburzi</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	7-10-00 9/14 472-6070 Date Daytime Phone #
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CR2E003 (5/00)