

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013646 AT

**DOCUMENT # B95000000234**



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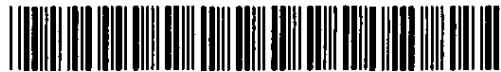
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**1. Entity Name**  
THE DOLPHIN CAPITAL FUND LIMITED PARTNERSHIP

**Principal Place of Business**  
4940 NORTHDAL E BOULEVARD  
TAMPA FL 33624

**Mailing Address**  
4940 NORTHDAL E BOULEVARD  
TAMPA FL 33624



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

**4. FEI Number** 59-3324444

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**BACON, BARTHOLOMEW P**  
4940 NORTHDAL E BOULEVARD  
TAMPA FL 33624

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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions as Shown on record.** \$50,000,000.00

**10. Amount of Capital Contributions in FLORIDA to date.** 68,808.29

**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 #	F9400006110
NAME	DOLPHIN CAPITAL MANAGEMENT, INC.
STREET ADDRESS	4940 NORTHDAL E BOULEVARD
CITY-ST-ZIP	TAMPA FL 33624
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	04/11/03--01029--010 ##535.00
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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/24/03

813-979-6000

Date Daytime Phone #

CR2E003 (10/02)