2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B96000000086

1. Entity Name

FOUNDING PARTNERS MULTI-STRATEGY FUND, LIMITED P

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~800 LAUREL OAK DRIVE, SUITE 203~~ NAPLES FL ~~34108-2707~~	~~800 LAUREL OAK DRIVE, SUITE 203~~ NAPLES FL 34108-2707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5100 N. TAMIAMI TRAIL	SAME AS BOX 2
Suite, Apt. #, etc. CENTER SUITE 119, NEWGATE	Suite, Apt. #, etc.
City & State NAPLES, FLORIDA	City & State
Zip 34103 / Country U.S.A.	Zip / Country

4. FEI Number NOT APPLICABLE ☐ 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
NATIONAL CORPORATE RESEARCH, LTD. 1406 HAYS STREET - SUITE #2 TALLAHASSEE FL 32301	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$15,000,000.00	$ 926,601	

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 #	P94000011946	STREET ADDRESS	5100 N. TAMIAMI TRAIL
NAME	FOUNDING PARTNERS CAPITAL MANAGEMENT CO.		SUITE 119, NEWGATE CENTER
STREET ADDRESS	~~800 LAUREL OAK DRIVE, SUITE 203~~	CITY-ST-ZIP	NAPLES, FLORIDA 34103
CITY-ST-ZIP	NAPLES FL ~~34108-2707~~		
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CR2E003 (11/00)

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.

WILLIAM L. GUNNICKS

SIGNATURE: [signature] 4-25-01 941-514-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #