

2002 UNIFORM BUSINESS REPORT (UBR)

0004591 AV

DOCUMENT # **B96000000086**

FILED

02 JUN 14 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Entity Name

FOUNDING PARTNERS STABLE-VALUE FUND, LIMITED PARTNERSHIP

Principal Place of Business

**5100 N. TAMiami TRAIL
SUITE 119, NEW GATE CENTER
NAPLES FL 34103**

Mailing Address

**5100 N. TAMiami TRAIL
SUITE 119, NEW GATE CENTER
NAPLES FL 34103**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

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**

**526.25
437.50
8.75
446.25
535.00**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$15,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$7,799,000

**11. MAKE CHECK PAYABLE TO 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 # **P94000011946**
NAME **FOUNDING PARTNERS CAPITAL MANAGEMENT CO.**
STREET ADDRESS **5100 N. TAMiami TRAIL**
CITY-ST-ZIP **NAPLES FL 34103**

STREET ADDRESS

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***535.00 ***535.00**

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

SIGNATURE:

WILLIAM L. GUNLICKS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-19-02 239-514-2900

Date

Daytime Phone #

CR2E003 (9/01)