

2002 UNIFORM BUSINESS REPORT (UBR)

000647 AV

CR2E003 (9/01)

DOCUMENT # B96000000087

1. Entity Name
**FOUNDING PARTNERS-EQUITY FUND, LIMITED PARTNERSH
IP**

FILED

02 JUN 14 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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

NATIONAL CORPORATE RESEARCH, LTD.
1406 HAYS STREET - SUITE #2
TALLAHASSEE FL 32301

526.25
437.50
8.25
446.25
535.00

7. Name and Address of New Registered Agent

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.

9. Capital Contributions as Shown on record. **\$12,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,265,512**

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

DOCUMENT #	P94000011946
NAME	FOUNDING PARTNERS CAPITAL MANAGMENT CO.
STREET ADDRESS	5100 N. TAMiami TRAIL
CITY-ST-ZIP	NAPLES FL 34103
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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

WILLIAM L. GUNLICKS
SIGNATURE: [Signature]
4-19-02
941-514-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #