

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004813 AV

DOCUMENT # B96000000087

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



FILED
03 MAY -6 PM 8:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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, 2003

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., INC.
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301-0000

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

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

DATE

9. Capital Contributions
as Shown on record.

\$12,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$ 403,812

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-24-03 239-514-2900

CR2E003 (10/02)

STAPLE CHECK HERE