

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000174

1. Entity Name

Coolidge-Valencia Equities Ltd. Partnership

Principal Place of Business

Mailing Address

455 Central Park Ave.
Ste. 308
Scarsdale NY 10583

2250 Avenida Del Vena
N. Ft. Myers FL 33917

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -2 AM 8:48

12576

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3889027

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Callahan, W. Scott
37 North Orange Avenue, Ste. 200
Orlando, FL 32801

Name

W Scott Callahan

Street Address (P.O. Box Number is Not Acceptable)

37 N. Orange Ave, Ste 200

City

Orlando

FL

Zip Code

32801

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.

(NOTE: Registered Agent signature required when reinstating)

4/23/02

DATE

9. Capital Contributions
as Shown on record.

1,481,666.59

10. Amount of Capital Contributions
in FLORIDA to date.

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 # F96000002464
NAME Coolidge Valencia Realty Corp.
STREET ADDRESS 2250 Avenida Del Vena
CITY-ST-ZIP N. Ft. Myers Fla- 33917

STREET ADDRESS
CITY-ST-ZIP
000005575480--8
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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/02

Date

(941) 731-4538

Daytime Phone #

CR2F003 (9/99)