2000 UNIFORM BUSINESS REPORT (UBR)

B98000000022 DOCUMENT # 1. Entity Name SECRETARY OF STATE DIVISION OF CORPORATIONS CAPITAL ASSET RESEARCH EXBING 1997-A LP FUNDING OO MAY 16 PM 1:33 Principal Place of Business Mailing Address 3950 RCA BLVD., SLITE 5001 3950 RCA BLVD., SUITE 5001 PALM BEACH GARDENS FL 33410-4227 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FFI Number 65-0399468 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FΙ 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$100,000.00 100,000 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. DOCUMENT # STREET ADDRESS CAPITAL ASSET RESEARCH FUNDING 1997-A INC. NAME 3950 RCA BLVD., SUITE 5001 STREET ADDRESS 100003289461--9 CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIF 06/14/00 - 01098 - 007 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITA ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME 🗳 STREET ADORESS CITY-ST-ZIP CITY-ST-7IP 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