

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # B98000000304**



**FILED**

**03 MAR 13 AM 8:35**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Entity Name  
**CAPSTONE OF OCOEE, LTD.**

Principal Place of Business  
**3310 WEST END AVENUE  
SUITE 700  
NASHVILLE TN 37203**

Mailing Address  
**3310 WEST END AVENUE  
SUITE 700  
NASHVILLE TN 37203**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **63-1202060**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301**

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. **\$9,145,914.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # **F98000002681**  
NAME **CAPSTONE CAPITAL OF OCOEE, INC.**  
STREET ADDRESS **3310 WEST END AVENUE SUITE 700**  
CITY-ST-ZIP **NASHVILLE TN 37203**

STREET ADDRESS

CITY-ST-ZIP

**900014067449**  
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CITY-ST-ZIP

**M THOMAS**

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: *Scott W. Holmes* **Scott W. Holmes, Sr. VP & CFO of Capstone of Ocoee Inc**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*2/13/03*

(615) 269-8175

CR2E003 (10/02)

STAPLE CHECK HERE