


**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # B98000000500
1. Entity Name
SRMP Coconut Creek, L.P.



FILED

03 APR -9 PM 3:32

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04/09/03 09:00 - 10:26 AM 526.25

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2. Principal Place of Business 13323 Thessaly Suite, Apt. #, etc.		3. Mailing Address 13323 Thessaly Suite, Apt. #, etc.		DUE BY MAY 1	
City & State Universal City, TX		City & State Universal City, TX		4. FEI Number 62-1749608	
Zip 78148	Country USA	Zip 78148	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CT Corporation**

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City **Plantation** FL Zip Code **33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable

9. Capital Contributions as Shown on record. \$2,117,798	10. Amount of Capital Contributions in FLORIDA to date. \$2,132,248	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY - ST - ZIP	P96000026645 Sirrom Corporation 13323 Thessaly Universal City, TX 78148	STREET ADDRESS CITY - ST - ZIP
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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)(f), 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: *John A. Thomas* **4/1/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/02)