

2001 UNIFORM BUSINESS REPORT (UBR)

0007235 AF

DOCUMENT # B990000000002

1. Entity Name

CAPITAL ASSET RESEARCH FUNDING 1998-A LP

Principal Place of Business

3950 RCA BLVD., SUITE 5001
PALM BEACH GARDENS FL 33410

Mailing Address

3950 RCA BLVD., SUITE 5001
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 FEB 13 PM 12:05

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0881581

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$3,600,000.00

10. Amount of Capital Contributions in FLORIDA to date.

3,600,000

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 # F98000006940
NAME CAPITAL ASSET RESEARCH FUNDING 1998-A, INC
STREET ADDRESS 3950 RCA BLVD., SUITE 5001
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

3000003707743--2
-02/16/01--01113--007
*****526.75 *****526.75

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

George Gunderson 02/07/01 561-776-5176

CR2E003 (11/00)