

2001 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # **A0000000152**

1. Entity Name
ALAN SIRKIN FAMILY LIMITED PARTNERSHIP

Principal Place of Business
**3500 SOUTH BAYSHORE DRIVE
COCONUT GROVE FL 33133**

Mailing Address
**3500 SOUTH BAYSHORE DRIVE
COCONUT GROVE FL 33133**

FILED
OCT 30 PM 12:17
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

4. FEI Number
65-0973937

Applied For
Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**NELSON, BARRY A ESQ.
19495 BISCAYNE BLVD., SUITE 609
AVENTURA FL 33180**

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$1,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **0.00**

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 # **L99000008185**
NAME **ALAN SIRKIN FAMILY HOLDINGS, LLC**
STREET ADDRESS **3500 SOUTH BAYSHORE DRIVE**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
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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 680, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **9/17/01** Daytime Phone # **305-665-7289**

STAPLE CHECK HERE

CR2E003 (5/01)

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