

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 FEB -1 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business

3500 S. Bayhones Dr.

3. Mailing Address

3500 S. Bayhones Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Coconut Grove, Florida

City & State

Coconut Grove, Florida

4. FEI Number

65-0973837

Applied For

Not Applicable

Zip
33133

Country
USA

Zip
33133

Country
USA

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

NELSON, BARRY A ESQ.
19495 BISCAYNE BLVD., SUITE 609
AVENTURA FL 33180

Name
Nelson, Barry A., c/o Nelson & Levine, P.A.

Street Address (P.O. Box Number is Not Acceptable)
2775 Sunny Isles Blvd.

Suite 118

City
North Miami Beach

FL

Zip Code
33160

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.

DATE

9. Capital Contributions
as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 **3500 S. Bayhones Dr.**
CITY-ST-ZIP **Coconut Grove, FL 33133**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

~~500004901065--0~~
-02/12/02--01008--015
****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/25/02 305-665-7203

CR2E003 (9/01)