

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

002114

DOCUMENT # **A00000000152**



FILED
Apr 27, 2003 8:00 A.M.
Secretary of State

1. Entity Name
ALAN SIRKIN FAMILY LIMITED PARTNERSHIP

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

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



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip, Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip, Country

DUE BY MAY 1, 2003

4. FEI Number **65-0973837**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NELSON, BARRY A ESQ.
C/O NELSON & LEVINE, P.A.
2775 SUNNY ISLES BLVD., SUITE 118
NORTH MIAMI BEACH FL 33160**

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. I am familiar with, and accept the obligations of registered agent.

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

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 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 #	L99000008185	STREET ADDRESS	
NAME	ALAN SIRKIN FAMILY HOLDINGS, LLC	CITY-ST-ZIP	200016399078
STREET ADDRESS	3500 SOUTH BAYHOMES DRIVE	STREET ADDRESS	04/21/03--01069--007 **526.25
CITY-ST-ZIP	COCONUT GROVE FL 33133	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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**

Date: **4/17/03** Daytime Phone #: **305-665-7200**

CR2E003 (10/02)