

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001290 AV

DOCUMENT # A00000000418



1. Entity Name
CONCEPCION LIMITED PARTNERSHIP

FILED
03 MAY -5 PM 7:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business C/O SHUTTS & BOWEN, LLP 201 SOUTH BISCAYNE BLVD., SUITE 1500(LN) MIAMI FL 33131	Mailing Address C/O SHUTTS & BOWEN, LLP 201 SOUTH BISCAYNE BLVD., SUITE 1500(LN) MIAMI FL 33131
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2003

4. FEI Number **65-1008659** 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

**CORPORATION COMPANY OF MIAMI
C/O LOUIS NOSTRO
201 SOUTH BISCAYNE BLVD., SUITE 1500
MIAMI FL 33131**

Name **Louis Nostro**
Street Address (P.O. Box Number is Not Acceptable)
728 Cataloua Avenue
City **Coral Gables** FL Zip Code **33134**

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 *Louis Nostro* DATE 4/14/03
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$4,500,000.00**

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 #	P00000022484
NAME	CONCEPCION FAMILY CORPORATION
STREET ADDRESS	201 SOUTH BISCAYNE BLVD., SUITE 1500
CITY-ST-ZIP	MIAMI FL 33131
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300012009243
CITY-ST-ZIP	05/05/03--01070--003 **570.00
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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: *Louis Nostro* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)