


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010109 AT

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| DOCUMENT # A00000001638 | |  | |
| 1. Entity Name THE ASUSTA FAMILY LIMITED PARTNERSHIP #1 | | | |
| Principal Place of Business 431 BIRD ROAD CORAL GABLES FL 33141 | | Mailing Address 431 BIRD ROAD CORAL GABLES FL 33141 | |
| 2. Principal Place of Business | | 3. Mailing Address <i>4110 Riviera Drive</i> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State <i>Coral Gables, Florida</i> | |
| Zip | | Country | |
| Country | | Country <i>Miami Dade</i> | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| ESTEVEZ, OSCAR J 999 PONCE DE LEON BLVD., SUITE 500 CORAL GABLES FL 33141 | | 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. \$4,807.00 | | 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 # | ASUSTA, TOMAS 431 BIRD ROAD CORAL GABLES FL 33146 | STREET ADDRESS | 600016692606 04/23/03--01008--004 **150.00 |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | ASUSTA, LISBET 431 BIRD ROAD CORAL GABLES FL 33146 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
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| 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 <i>Tomas J. Asusta</i> 4/18/03 786 326 5508 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | Date Daytime Phone # | |

FILED

03 APR 23 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2003

4. FEI Number **65-1053000** Applied For Not Applicable

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

CR2E003 (10/02)

STAPLE CHECK HERE