2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000002000

1. Entity Name

CIANO FAMILY PARTNERSHIP, LLLP

FILED
01 AUG -1 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5970 PENSACOLA BLVD.	5970 PENSACOLA BLVD.
PENSACOLA FL 32505	PENSACOLA FL 32505

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number 59-3688892 ☐ 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
CIANO, ANTHONY 5970 PENSACOLA BLVD. PENSACOLA FL 32505	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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$2,278,500.00	2,278,500.00	

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 #		STREET ADDRESS	
NAME	CIANO, ANTHONY J TRUSTEE		
STREET ADDRESS	5970 PENSACOLA BLVD.		
CITY-ST-ZIP	PENSACOLA FL 32505	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME	CIANO, NATALIE TRUSTEE		
STREET ADDRESS	5970 PENSACOLA BLVD.		
CITY-ST-ZIP	PENSACOLA FL 32505	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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CR2E003 (5/01)

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 ANTHONY J. CIANO 7/25/01 850-505-0567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #