

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000364

1. Entity Name

YOUNG FAMILY LIMITED PARTNERSHIP, LLLP

Principal Place of Business

5815 SUNCREST DRIVE  
MIAMI FL 33156

Mailing Address

5815 SUNCREST DRIVE  
MIAMI FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1085459

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

NELSON, BARRY A ESQ.  
NELSON & LEVINE, P.A.  
19495 BISCAYNE BOULEVARD, SUITE 609  
AVENTURA FL 33180-2320

7. Name and Address of New Registered Agent

Name Barry A Nelson Esq.  
Street Address (P.O. Box Number is Not Acceptable) 3775 Sunny Isles Blvd. Suite 118  
City North Miami Beach FL Zip Code 33162

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.

\$12,000,000.00

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 #	YOUNG, KENNETH J	STREET ADDRESS	
NAME	5815 SUNCREST DRIVE	CITY-ST-ZIP	300004880003--8
STREET ADDRESS	MIAMI FL 33156		-02/05/02--01034--003
CITY-ST-ZIP			****526.25 ****526.25
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0001935