

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000781

1. Entity Name
THE DASILVA CHILDREN FAMILY LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 26 PM 5:02

Principal Place of Business
7316 VALENCIA DRIVE
BOCA RATON FL 33433

Mailing Address
7040 W.PALMETTO PK.RD.
4-646
BOCA RATON FL 33433



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1113287	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	
REINSTEIN, JOEL ESQ. 925 SOUTH FEDERAL HWY. SUITE 325 BOCA RATON FL 33432		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. \$3,765,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P00000108387 DLD Management Corp.	STREET ADDRESS	1403/26
NAME	DIANE LYNN DASILVA FAMILY CORP	CITY-ST-ZIP	
STREET ADDRESS	7040 W.PALMETTO PK.RD.#4-646	STREET ADDRESS	600014908166
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP	03/28/03 01047 003 **526.25
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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: Angela Fisher, Sec.-Treasurer 3/25/03 (561) 488-4468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0012201 AT

CR2E003 (10/02)