


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010977 AT

DOCUMENT # A02000000156

1. Entity Name
BIANCO ENTERPRISES, LTD.



FILED
03 JUN -5 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**936 INTRACOASTAL DR
#11-C
FT LAUDERDALE FL 33304**

Mailing Address
**936 INTRACOASTAL DR
#11-C
FT LAUDERDALE FL 33304**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

DUE BY MAY 1, 2003

4. FEI Number
43,195,228

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

6. Name and Address of Current Registered Agent

**GLASSER, GENE K
C/O ABRAMS ANTON PA
2021 TYLER ST
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

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. **\$3,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **42,534,745.00**

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P02000006843 BIANCO FAMILY OF SOUTH FLORIDA INC 936 INTRACOASTAL DR #11-C FT LAUDERDALE FL 33304
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	04/30/03--01010--028 **526.25
STREET ADDRESS CITY-ST-ZIP	500017345295 04/30/03--01010--028 **526.25
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STREET ADDRESS 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:  **06/23/03** **9545831452**

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

CR2E003 (10/02)