2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000210

1. Entity Name
THE GENET FAMILY LIMITED PARTNERSHIP NO. 3, LLLP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -2 PM 3:20

Principal Place of Business
19080 N.E. 29TH AVE.
AVENTURA FL 33180

Mailing Address
19080 N.E. 29TH AVE.
AVENTURA FL 33180

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

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

DUE BY MAY 1, 2003

4. FEI Number — ✓ Applied For — Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, BARRY A ESQ.
C/O NELSON & LEVINE, P.A.
2775 SUNNY ISLES BLVD., SUITE 118
NORTH MIAMI BEACH FL 33160

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 _____
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $1,500,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1,987,456.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000102066	STREET ADDRESS	
NAME	GENET FAMILY HOLDINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	19080 N.E. 29TH AVE.		
CITY-ST-ZIP	AVENTURA FL 33180		
DOCUMENT #		STREET ADDRESS	000017910110
NAME		CITY-ST-ZIP	05/02/03--01095--014 **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: SIGNATURE REQUIRED GENET 4/25/03 305-933-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)

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