


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A02000000820

1. Entity Name
BIANCULLI FAMILY LIMITED PARTNERSHIP NUMBER TWO



FILED

May 08, 2003 8:00 A.M.

Secretary of State

Principal Place of Business
513 PALM DR.
HALLANDALE FL 33009

Mailing Address
513 PALM DR.
HALLANDALE FL 33009

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

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

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I HEREBY FILE THIS REPORT UNDER PENALTY OF PERJURY UNDER CHAPTER 218, FLORIDA STATUTES.

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
FABRIKANT, MICHAEL R ESQ.
1031 IVES DAIRY RD., STE. 228
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
2051 Borealis Way
City Weston FL Zip Code 33327

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. \$1,200,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P95000078383	STREET ADDRESS	
NAME	L.D.L.E., INC.	CITY-ST-ZIP	
STREET ADDRESS	513 PALM DR.		
CITY-ST-ZIP	HALLANDALE FL 33009		
DOCUMENT #		STREET ADDRESS	700018463547
NAME		CITY-ST-ZIP	05/07/03--01.099--002 **526.50
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date: 4/2/03 Daytime Phone #: 954-44-6100

CR2E003 (10/02)

STAPLE CHECK HERE