


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009463 AT

DOCUMENT # A02000001515	
1. Entity Name IRENE GIORDANO FAMILY PARTNERSHIP, LTD.	

Principal Place of Business 1194 HILLSBORO MILE, VILLA 45 HILLSBORO BEACH FL 33062	Mailing Address 1194 HILLSBORO MILE, VILLA 45 HILLSBORO BEACH FL 33062
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FILED
2003 MAY -8 AM 10:47
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2003	
4. FEI Number	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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6. Name and Address of Current Registered Agent	
GIORDANO, IRENE 1194 HILLSBORO MILE, VILLA 45 HILLSBORO BEACH FL 33062	

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. \$29,700.00	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 #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
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CITY - ST - ZIP			

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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: 	Date April 30, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	
Daytime Phone #	

STAPLE CHECK HERE

CR2E003 (10/02)