

2000 UNIFORM BUSINESS REPORT (UBR)

00112221 NY

DOCUMENT # A93000001058
 1. Entity Name
THE A. C. FOX FIRST FAMILY LIMITED PARTNERSHIP

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 APR 18 AM 11:43

Principal Place of Business
**1300 SOUTHWEST 130TH AVE.,
 APT F304
 PEMBROKE PINES FL 33027-2135**

Mailing Address
**1 MURIEL ROAD
 PORT WASHINGTON NY 11050-4123**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **58-2073003** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FOX, BRIAN
 1300 SOUTHWEST 130TH AVE., APT. #F304
 PEMBROKE PINES FL 33027-2135**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$45,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **Yo, 409** 11. MAKE CHECK PAYABLE TO 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	FOX, ALLEN 1300 SOUTHWEST 130TH AVE., APT. #F304 PEMBROKE PINES FL 33027-2135
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	FOX, BRIAN 1300 SOUTHWEST 130TH AVE., APT #F304 PEMBROKE PINES FL 33027-2135
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	200003245682 2 -05/10/00 --01005--009 ****231.61 ****231.61
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

169(6) (30) 1 F.C.

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]* **SIGNATURE REQUIRED** **3/24/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **BRIAN FOX** Date Daytime Phone #