

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010715 AT

DOCUMENT # A95000000414



FILED
03 MAY -2 PM 7:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MSJAA

1. Entity Name
MARRICH FAMILY LIMITED PARTNERSHIP

Principal Place of Business
**9960 SW 128TH STREET
MIAMI FL 33176**

Mailing Address
**9960 SW 128TH STREET
MIAMI FL 33176**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **65-0556725**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERLIN, BRIAN C ESQ
334 MINORCA AVENUE, SUITE 200
CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

100017904001

05/02/03--01074--015 **526.25

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. **\$500,000.00**

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 # **P95000007526**
NAME **MARRICH MANAGEMENT CORP.**
STREET ADDRESS **9960 SW 128TH STREET**
CITY-ST-ZIP **MIAMI FL 33176**

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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: *Leslie M Stern* **Leslie M Stern** 4/26/03 666-3312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE