


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008157 AT

**DOCUMENT # A96000001176**

1. Entity Name  
1836 FAMILY PARTNERSHIP, LTD.



**FILED**  
03 MAY 30 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1201 S. OCEAN DR., APT. 411-SOUTH  
HOLLYWOOD FL 33019

Mailing Address  
1201 S. OCEAN DR., APT. 411-SOUTH  
HOLLYWOOD FL 33019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2003**

4. FEI Number **65-0686290**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BARNETT, SUZANNE**  
1201 S. OCEAN DR., APT. 411-SOUTH  
HOLLYWOOD FL 33019

**7. Name and Address of New Registered Agent**

Name

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

**600020262216**  
05/30/03--01008--016 \*\*535.00

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. **\$275,000.00**

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>ZIER, MICHAEL</b>	<b>3300 NORTH 29TH AVENUE, NO. 102</b>	<b>HOLLYWOOD FL 33020</b>

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:** *Michael Zier* **SIGNATURE REQUIRED** **4-28-03** **954-923-3008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)