

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001197 AT

**DOCUMENT # A97000001182**  
1. Entity Name  
**BIANCO FAMILY, LTD.**



**FILED**  
03 APR 30 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**6361 SW 38TH COURT  
DAVIE FL 33314**

Mailing Address  
**6361 SW 38TH COURT  
DAVIE FL 33314**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**DUE BY MAY 1, 2003**

4. FEI Number **65-0753474**      Applied For  
Not Applicable

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

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

**COHN, ALAN B  
ABRAMS ANTON ROBBINS RESNICK & SCHNEIDER  
2021 TYLER STREET  
HOLLYWOOD FL 33022**

**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. **\$3,162,000.00**      10. Amount of Capital Contributions in FLORIDA to date. **\$147,980**      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	
DOCUMENT #	
NAME	<b>BIANCO, LOUIS A</b>
STREET ADDRESS	<b>936 INTRACOASTAL DRIVE, #11C</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33304</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>04/30/03--01010--008 **526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	<b>600017343536 04/30/03--01010--008 **526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:** *[Signature]* **REQUIRED**      4/23/03      Date      Daytime Phone #

CR2E003 (10/02)