

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A98000001046**

1. Entity Name
HALLIWELL FAMILY, LTD.

FILED

2001 MAY 11 AM 9:58

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
~~100 N.E. THIRD AVENUE, SUITE 1100
FORT LAUDERDALE FL 33301~~

Mailing Address
~~100 N.E. THIRD AVENUE, SUITE 1100
FORT LAUDERDALE FL 33301~~

2. Principal Place of Business
Suite, Apt. #, etc.
615 N.E. Third Avenue
City & State
Fort Lauderdale, FL
Zip
33304
Country
Broward

3. Mailing Address
Suite, Apt. #, etc.
615 N.E. Third Avenue
City & State
Fort Lauderdale, FL
Zip
33304
Country
Broward

4. FEI Number **65-0830023** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
~~EMO CORPORATE SERVICES
100 N.E. THIRD AVENUE, SUITE 1100
FORT LAUDERDALE FL 33301~~

7. Name and Address of New Registered Agent
Name *Rudolf G Hoffman, P.A.*
Street Address (P.O. Box Number is Not Acceptable)
615 N.E. Third Avenue
City *Ft. Lauderdale* FL Zip Code *33304*

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 *William H. Halliwell* *Wm D. Halliwell* *Wm D. Halliwell*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE *April 01*

9. Capital Contributions as Shown on record. **\$865,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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	HALLIWELL, WILLIAM H
STREET ADDRESS	100 N.E. THIRD AVENUE, SUITE 1100
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
DOCUMENT #	
NAME	HALLIWELL, ANNE P
STREET ADDRESS	100 N.E. THIRD AVENUE, SUITE 1100
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
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	<i>615 N.E. Third Ave</i>
CITY-ST-ZIP	<i>Ft Lauderdale Fla 33304</i>
STREET ADDRESS	<i>615 N.E. Third Ave</i>
CITY-ST-ZIP	<i>Ft. Lauderdale Fla 33304</i>
STREET ADDRESS	500004421515--5
CITY-ST-ZIP	-06/14/01--01131--031
STREET ADDRESS	****526.25 ****526.25
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: *William H. Halliwell* *Wm D. Halliwell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE *6 April 2001* DAYTIME PHONE # *973/940-4233*

CR2E003 (11/00)