

2001 UNIFORM BUSINESS REPORT (UBR)

0004127 AF

DOCUMENT # A98000001417
 1. Entity Name
ALLAN G. W. AND DORIS S. MCLEOD FAMILY INVESTMEN

FILED
 01 MAY -1 PM 2 23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
3251 MORRIS LANE **3251 MORRIS LANE**
COCONUT GROVE FL 33133 **COCONUT GROVE FL 33133**

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

no change *no change*

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0862084 Not Applicable

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

6. Name and Address of Current Registered Agent
B&C CORPORATE SERVICES, INC.
201 S. BISCAYNE BOULEVARD, SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

no change

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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$10,450.00** 10. Amount of Capital Contributions in FLORIDA to date. **10,450.00** 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	MCLEOD, ALLAN G
STREET ADDRESS	3251 MORRIS LANE
CITY-ST-ZIP	COCONUT GROVE FL 33133
DOCUMENT #	
NAME	MCLEOD, DORIS S
STREET ADDRESS	3251 MORRIS LANE
CITY-ST-ZIP	COCONUT GROVE FL 33133
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	AR 73.15
CITY-ST-ZIP	AR 73.15
STREET ADDRESS	ARJUMP 88.75
CITY-ST-ZIP	500004220225-4
STREET ADDRESS	05/16/01 01000 032
CITY-ST-ZIP	****161.90 ****161.90
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: *Allan G. W. McLeod* 25 April 2001 305 858 2339
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)