

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001862**

1. Entity Name  
**THE MANNO FAMILY LIMITED PARTNERSHIP**

Principal Place of Business  
**7420 MIAMI VIEW DRIVE  
NORTH BAY VILLAGE FL 33141**

Mailing Address  
**1140 KANE CONCOURSE, FIFTH FLOOR  
BAY HARBOR ISLANDS FL 33154-2045**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

4. FEI Number **65-0851077** 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**

**SILVERS, ROBERT HENRY  
1140 KANE CONCOURSE, FIFTH FLOOR  
BAY HARBOR ISLANDS FL 33154**

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$2,000,000.00**

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	<b>MANNO, BERT</b>
STREET ADDRESS	<b>7420 MIAMI VIEW DRIVE</b>
CITY - ST - ZIP	<b>NORTH BAY VILLAGE FL 33141</b>
DOCUMENT #	
NAME	<b>MANNO, JOSEPHINE A</b>
STREET ADDRESS	<b>7420 MIAMI VIEW DRIVE</b>
CITY - ST - ZIP	<b>NORTH BAY VILLAGE FL 33141</b>
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	<b>300003152053--6</b>
CITY - ST - ZIP	<b>-02/29/00--01081--025 ***535.00 ***535.00</b>
STREET ADDRESS	
CITY - ST - ZIP	
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: *Bert Manno* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**305-754-7654**  
Date **1/26/00** Daytime Phone #

**FILED**  
**00 FEB 21 AM 10:25**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)