

# 2001 UNIFORM BUSINESS REPORT (UBR)

0005116 AF

**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**

**FILED**  
 01 MAR 22 AM 9:12  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



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**

DO NOT WRITE IN THIS SPACE

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

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

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

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**

**13. ADDRESS CHANGES ONLY**

DOCUMENT #  
 NAME **MANNO, BERT**  
 STREET ADDRESS **7420 MIAMI VIEW DRIVE**  
 CITY-ST-ZIP **NORTH BAY VILLAGE FL 33141**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME **MANNO, JOSEPHINE A**  
 STREET ADDRESS **7420 MIAMI VIEW DRIVE**  
 CITY-ST-ZIP **NORTH BAY VILLAGE FL 33141**

STREET ADDRESS  
 CITY-ST-ZIP

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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 BERT MANNO** 3/14/01 - 305.864-7531  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)