

# 2002 UNIFORM BUSINESS REPORT (UBR)

UBR0000 A1

DOCUMENT # **A98000001862**

FILED

02 FEB 21 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MJH**



**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

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

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2002**

**4. FEI Number** 65-0851077  
Applied For  
Not Applicable

**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.

**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 STREET ADDRESS CITY-ST-ZIP	<b>MANNO, BERT</b> 7420 MIAMI VIEW DRIVE NORTH BAY VILLAGE FL 33141
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>MANNO, JOSEPHINE A</b> 7420 MIAMI VIEW DRIVE NORTH BAY VILLAGE FL 33141
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	
STREET ADDRESS	<b>600005027576--1</b>
CITY-ST-ZIP	<b>-03/01/02--01007--025</b> <b>***535.00 ***535.00</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:** BERT MANNO **REQUIRE** *Bert Manno 2.04.02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)