

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A98000002623**

1. Entity Name  
**AJP-MLP FAMILY LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 16 PM 1:59



Principal Place of Business  
C/O ARTHUR J. POISSON  
711 NORTH COUNTY ROAD  
PALM BEACH FL 33480

Mailing Address  
C/O ARTHUR J. POISSON  
711 NORTH COUNTY ROAD  
PALM BEACH FL 33480-3338

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

3. Mailing Address  
Stuart J. Haft  
321 Royal Poinciana Plaza, South  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Palm Beach, FL 33480

4. FEI Number  
65-0880997

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAFT, STUART, LESO C/O ALLEY, MAASS, ROGERS & LINDSAY, P.A. 321 ROYAL POINCIANA PLAZA, SOUTH PALM BEACH FL 33480		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. **\$903,264.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$903,264.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P98000092175 AJP-MLP, INC. 711 NORTH COUNTY ROAD PALM BEACH FL 33480	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	700003300207--5 06/22/00-01005-008 ***526.25 ***526.25
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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:** **SIGNATURE REQUIRED** *Arthur J. Poisson* 3/22/00  
Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_