

2001 UNIFORM BUSINESS REPORT (UBR)

0008601 AF

DOCUMENT # **A98000002623**

1. Entity Name
AJP-MLP FAMILY LIMITED PARTNERSHIP

FILED

Principal Place of Business

C/O ARTHUR J. POISSON
P.O. BOX 9816
RIVIERA BEACH FL 33419

Mailing Address

C/O STUART J. HAFT
321 ROYAL POINCIANA PLAZA SOUTH
PALM BEACH FL 33480

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

711 N COUNTY ROAD

3. Mailing Address

Suite, Apt. #, etc.

City & State
PALM BEACH FL

City & State

4. FEI Number

65-0880997

Applied For

Not Applicable

Zip
33480

Country
USA

Zip

Country

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 J ESQ.
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$903,264.00

10. Amount of Capital Contributions in FLORIDA to date.

903,264

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 # **P98000092175**
NAME **AJP-MLP, INC.**
STREET ADDRESS **711 NORTH COUNTY ROAD**
CITY-ST-ZIP **PALM BEACH FL 33480**

STREET ADDRESS

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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: Arthur J. Poisson **REQUIRED** of **AJP-MLP, Inc., GP** **2-22-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)