

2001 UNIFORM BUSINESS REPORT (UBR)

0007237 AF

DOCUMENT # A99000000630

1. Entity Name

THE MARTIN AND CHERYL TURCHIN FAMILY LIMITED PAR

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3060 MIRO DRIVE SOUTH, PALM BEACH GARDENS FL 33410
Mailing Address: 3060 MIRO DRIVE SOUTH, PALM BEACH GARDENS FL 33410

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-6292592** 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

**TURCHIN, CHERYL
3060 MIRO DRIVE SO.
PALM BEACH GARDENS FL 33410**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$50,000.00** 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 **TURCHIN, CHERYL**
STREET ADDRESS **3060 MIRO DRIVE SOUTH**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

STREET ADDRESS
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STREET ADDRESS **200003912982--8**
CITY-ST-ZIP **-03/27/01--01098--008**
******438.75 ****438.75**

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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: *S. Cheryl Turchin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-17-01 Date 561-622-0617 Daytime Phone #

CP2E003 (11/00)