

2002 UNIFORM BUSINESS REPORT (UBR)

0001077 AT

APPROVED AND FILED

02 AUG 30 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A99000000630

1. Entity Name
THE MARTIN AND CHERYL TURCHIN FAMILY LIMITED PARTNERSHIP

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 Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

DUE BY SEPTEMBER 25, 2002

Zip Country

City & State

4. FEI Number **65-6292592**
Applied For Not Applicable

Zip Country

Country

Zip Country

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

**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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. **\$50,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **50,000**

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
CITY-ST-ZIP
500007569115--9

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8-20-02

Date Daytime Phone #

CR2E003 (4/02)