2000	UNIFU	MINI DUSII	NE33 KEPU	184	(UDK)		
DOCUMENT # B9800000069 1. Entity Name						`	
THE BREEN FAMILY LIMITED PARTNERSHIP						FILED	
Principal Place of Business 717 FAIROAKS LANE MAITLAND FL 32751				4	N PC	OO MAR 16 PM 4: 58 SEGRETARY OF STATE TARRAHASSEE, FEORIDA	ili
2. Principal Place of Business 3080 GRAM BAY ALVA 3. Mailing Address							jj
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE	
City & State City & State						4. FEI Number 58-2260831 Applied For Not Applica	
Zip Country			Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and	Address of Current Re	egistered Agent			7. Name and Address of New Registered Agent	
BREEN, JAMES J					Name	e (P.O. Ray Number is Net Acceptable)	
717 FAIROAKS LANE MAITLAND FL 32751					3080 GRAND BAY BIND, UNIT 531		
MAREANE	716 02/31				LONG B	bar Key FL Zip Code 31/228	
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 A JAMES J. BREEN-GENERAL PARTNER 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. \$2,854,108.00 in FLORIDA to date					butions 22	1 425 SEE REVERSE SIDE FOR FEE INFORMATION	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY M NOTE: General Partners MAY NOT be changed on the form							
12. GENERAL PARTNER INFORMATION						ADDRESS CHANGES ONLY	
DOCUMENT# NAME	BREEN, JAMES J			STRI	STREET ADDRESS 3080 GRAND BAY BLVD, UNIT 53/		
STREET ADDRESS CITY-ST-ZIP	S 717 FAIROAKS LANE MAITLAND FL 32751			CITY	CITY-ST-ZIP	ongboar Key FL 34278	
DOCUMENT # NAME					EET ADDRESS 3	3080 GRAND BAY BUND UNITS	31
STREET ADDRESS CITY-ST-ZIP	711 TANOTHO BIVE			CITY	-ST-ZIP Le	2080 GRAND BAY BURD UNITED	,
DOCUMENT # NAME			-	STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	4000031834548 	
DOCUMENT # NAME				STRE	ET ADDRESS	****526.25 ****526.25	
STREET ADDRESS : CITY-ST-ZIP				CITY	-ST-ZIP		
DOCUMENT#				STRE	ET ADORESS	W	
STREET ADDRESS CITY-ST-ZIP			•	CITY	-ST-ZIP		
DOCUMENT# NAME				STRI	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.							

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER JAMES J. BREEN