

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0018824
AB

DOCUMENT # **B9800000069**

1. Entity Name

THE BREEN FAMILY LIMITED PARTNERSHIP

02 MAR -8 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3060 GRAND BAY BLVD., UNIT #163 LONGBOAT KEY FL 34228	Mailing Address % BRUCE MAC CORKINDALE CPA PC 137 BROADWAY, SUITE 11 AMITTVILLE NY 11701
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2. Principal Place of Business	3. Mailing Address 3960 MERRICK ROAD
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Suite, Apt. #, etc.	Suite, Apt. #, etc.	DUE BY MAY 1, 2002
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City & State	City & State SEAFORD, N.Y.	4. FEI Number 58-2260831	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip	Country	Zip 11783	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BREEN, JAMES J
3060 GRAND BAY BLVD., UNIT #163
LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

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 *James J Breen* **Feb 4, 2002**
Signature/typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$2,854,108.00**

10. Amount of Capital Contributions in FLORIDA to date. **222,000**

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			
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	BREEN, JAMES J	3060 GRAND BAY BLVD., UNIT #163	LONGBOAT KEY FL 34228
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	BREEN, JOAN F	3060 GRAND BAY BLVD., UNIT #163	LONGBOAT KEY FL 34228
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	400005098854--8
STREET ADDRESS	-03/13/02--01020--001
CITY-ST-ZIP	****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *James J Breen* **BREEN** **FEB 4 2002** **941-387-3380**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STATE CHECK HERE //

CR2E003 (9/01)