

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001176**

1. Entity Name  
**1836 FAMILY PARTNERSHIP, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business  
1201 S. OCEAN DR., APT. 411-SOUTH  
HOLLYWOOD FL 33019

Mailing Address  
1201 S. OCEAN DR., APT. 411-SOUTH  
HOLLYWOOD FL 33019-2121



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0686290** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BARNETT, SUZANNE**  
1201 S. OCEAN DR., APT. 411-SOUTH  
HOLLYWOOD FL 33019

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 *Suzanne Barnett* **Suzanne Barnett** **4/27/00**  
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. **\$275,000.00** 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 #                      | ZIER, MICHAEL<br>3300 NORTH 29TH AVENUE, NO. 102<br>HOLLYWOOD FL 33020 | STREET ADDRESS           |                                |
| NAME                            |  | CITY - ST - ZIP          |                                |
| STREET ADDRESS                  |  |                          |                                |
| DOCUMENT #                      |  | STREET ADDRESS           |                                |
| NAME                            |  | CITY - ST - ZIP          | <b>500003292295--2</b>         |
| STREET ADDRESS                  |  |                          | <b>-06/15/00--01120--015</b>   |
| DOCUMENT #                      |  | STREET ADDRESS           | <b>*****535.00 *****535.00</b> |
| NAME                            |  | CITY - ST - ZIP          |                                |
| STREET ADDRESS                  |  |                          |                                |
| DOCUMENT #                      |  | STREET ADDRESS           |                                |
| NAME                            |  | CITY - ST - ZIP          |                                |
| STREET ADDRESS                  |  |                          |                                |
| DOCUMENT #                      |  | STREET ADDRESS           |                                |
| NAME                            |  | CITY - ST - ZIP          |                                |
| STREET ADDRESS                  |  |                          |                                |
| DOCUMENT #                      |  | STREET ADDRESS           |                                |
| NAME                            |  | CITY - ST - ZIP          |                                |
| STREET ADDRESS                  |  |                          |                                |

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: *Michael Zier* **REQUIR MICHAEL ZIER** **4-27-00** **954-923-3008**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

C-32E 003 (3/99)