

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002881 AF

**DOCUMENT # A96000001176**  
 1. Entity Name  
 1836 FAMILY PARTNERSHIP, LTD.

**FILED**  
 01 MAY 30 PM 12:39  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State

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

Zip: Country

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: \_\_\_\_\_ (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	
DOCUMENT #	
NAME	ZIER, MICHAEL
STREET ADDRESS	3300 NORTH 29TH AVENUE, NO. 102
CITY-ST-ZIP	HOLLYWOOD FL 33020
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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CITY-ST-ZIP	

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 \*\*\*\*\*535.00 \*\*\*\*\*535.00

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 REQUIRED  
 Date: 4-27-01 Daytime Phone #: 954-923-3008

CR2E003 (11/00)