

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001176**

FILED

1. Entity Name
1836 FAMILY PARTNERSHIP, LTD.

02 APR 30 PM 4:02

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**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
Suite, Apt. #, etc.

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

DUE BY MAY 1, 2002

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

7. Name and Address of New Registered Agent

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

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
Signature, typed or printed name of registered agent and title if applicable. 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 # NAME STREET ADDRESS CITY-ST-ZIP	ZIER, MICHAEL 3300 NORTH 29TH AVENUE, NO. 102 HOLLYWOOD FL 33020	STREET ADDRESS CITY-ST-ZIP	
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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* **REQUIRED** 4.24.02 954-923-3006
Signature and typed or printed name of signing general partner Date Daytime Phone #

CR2E003 (9/01)