LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001887

1. Entity Name

Chiocca Group, Ltd.

FILED
03 MAR -6 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3151 S.W. 192 Ave.	3151 S.W. 192 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar, FL	City & State: Miramar, FL
Zip: 33029 Country: Broward	Zip: 33029 Country: Broward

DUE BY MAY 1

4. FEI Number: 65-0966064 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jonathan Feuerman, Esq.

Street Address (P.O. Box Number is Not Acceptable): c/o Therrel Baisden, P.A.
One S.E. Third Ave., Suite 2400

City: Miami FL Zip Code: 33131

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: $6,655,382

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #	P 99 0000 99914	STREET ADDRESS	
NAME	ALB-VIN, INC	CITY-ST-ZIP	700013344687
STREET ADDRESS	3151 S.W. 192 Ave.		
CITY-ST-ZIP	Miramar, FL 33029		
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CR2E003B (12/02)

STAPLE CHECK HERE

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: J. Jerry Chiocca, Pres. - ALB-VIN CHIOCCA GROUP LTD 2/24/03 305-377-4228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER JERRY CHIOCCA Date Daytime Phone #