2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000745

1. Entity Name
COLELLA FAMILY HOLDINGS LIMITED PARTNERSHIP

FILED
03 MAY -5 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6040 VIA VENETIA SOUTH
DELRAY BEACH FL 33484

Mailing Address
6040 VIA VENETIA SOUTH
DELRAY BEACH FL 33484

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

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

DUE BY MAY 1, 2003

4. FEI Number 61-1416889 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

FESSLER, ADRIANA
6040 VIA VENETIA SOUTH
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

700001532269T
04/04/03--01065--013 **526.25

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

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

9. Capital Contributions as Shown on record. $7,500.00

10. Amount of Capital Contributions in FLORIDA to date. 7500.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	COLELLA, ANTONIO TRUSTEE		
STREET ADDRESS	6040 VIA VENETIA SOUTH	CITY-ST-ZIP	
CITY-ST-ZIP	DELRAY BEACH FL 33484		
DOCUMENT #		STREET ADDRESS	
NAME	FESSLER, ADRIANA		
STREET ADDRESS	6040 VIA VENETIA SOUTH	CITY-ST-ZIP	
CITY-ST-ZIP	DELRAY BEACH FL 33484		
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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: Adriana Fessler, General Partner — 3/30/03 — (561) 496-4404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)

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