

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012858 AT

DOCUMENT # A02000000745



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

1. Entity Name
COLELLA FAMILY HOLDINGS LIMITED PARTNERSHIP

Principal Place of Business 6040 VIA VENETIA SOUTH DELRAY BEACH FL 33484	Mailing Address 6040 VIA VENETIA SOUTH DELRAY BEACH FL 33484
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country 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

7. Name and Address of New Registered Agent

**FESSLER, ADRIANA
6040 VIA VENETIA SOUTH
DELRAY BEACH FL 33484**

Name
Street Address (P.O. Box Number is Not Acceptable)
700015322697
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
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**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
	COLELLA, ANTONIO TRUSTEE	6040 VIA VENETIA SOUTH	DELRAY BEACH FL 33484
	FESSLER, ADRIANA	6040 VIA VENETIA SOUTH	DELRAY BEACH FL 33484

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 #

CR2E003 (10/02)

STAPLE CHECK HERE