


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008157 AT

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

03 MAY 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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2. Principal Place of Business	3. Mailing Address			DUE BY MAY 1, 2003
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State	4. FEI Number 65-0686290	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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
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600020262216

05/30/03--01008--016 **535.00

FL

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. \$275,000.00	10. Amount of Capital Contributions in FLORIDA to date.	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 #	ZIER, MICHAEL	STREET ADDRESS	
NAME	3300 NORTH 29TH AVENUE, NO. 102	CITY-ST-ZIP	
STREET ADDRESS	HOLLYWOOD FL 33020	CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		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: *Michael Zier* **SIGNATURE REQUIRED** 4-28-03 954-923-3008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)