2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 JUN 25 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000697 AT

DOCUMENT # A01000001034

1. Entity Name
ALNICA FAMILY LIMITED PARTNERSHIP NO. 1

Principal Place of Business	Mailing Address
1492 S. MIAMI AVENUE MIAMI FL 33130	1492 S. MIAMI AVENUE MIAMI FL 33130

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 APPLIED FOR 65-1722642 ☐ 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
TANEN, JEFFREY S ESQUIRE GOLDSTEIN, TANEN & TRENCH, P.A. 2 SOUTH BISCAYNE BOULEVARD, SUITE 3250 MIAMI FL 33131	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. 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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$0.00		

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 #	P01000071776	STREET ADDRESS	
NAME	ALNICA REAL ESTATE VENTURES, INC.	CITY-ST-ZIP	
STREET ADDRESS	1492 S. MIAMI AVENUE		900021130919
CITY-ST-ZIP	MIAMI FL 33130		06/25/03--01023--005 **141.25
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003 (10/02)

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: SIGNATURE REQUIRED 4-30-03 (305) 358-2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #