

2001 UNIFORM BUSINESS REPORT (UBR)

0004199 AF

DOCUMENT # A00000000050

1. Entity Name
BERNARD FULLER FAMILY LIMITED PARTNERSHIP

FILED

mf

Principal Place of Business
**2601 S. BAYSHORE DR.
SUITE 1500
MIAMI FL 33133**

Mailing Address
**2601 S. BAYSHORE DR.
SUITE 1500
MIAMI FL 33133**

01 APR -6 PM 12: 23
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business
201 ALHAMBRA CIR, #602

3. Mailing Address
201 Alhambra Cir, #602

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
CORAL GABLES, FL

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

4. FEI Number
65-0971331

Applied For
 Not Applicable

Zip
33134

Country
US

Zip
33134

Country
US

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

6. Name and Address of Current Registered Agent
**FULLER, ALLEN D
2601 S. BAYSHORE DR.
SUITE 1500
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name
Fuller, Allen D.

Street Address (P.O. Box Number is Not Acceptable)
201 ALHAMBRA CIR, #602

SUNTRUST PLAZA

City
CORAL GABLES FL Zip Code
33134

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.

SIGNATURE DATE **3/26/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 #	P97000059323
NAME	FULLER FAMILY PARTNERS, INC.
STREET ADDRESS	2601 S. BAYSHORE DR.
CITY-ST-ZIP	MIAMI FL 33133
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	201 ALHAMBRA CIR, #602
CITY-ST-ZIP	CORAL GABLES, FL 33134
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	7800003994127-6
CITY-ST-ZIP	-04/12/01--01058--014 ****150.00 ****150.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: **SIGNATURE REQUIRED** DATE **3/26/01** DAYTIME PHONE # **305/445-7100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CF2E003 (11/00)