2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000293

1. Entity Name

Mirando Family Partnership, Ltd.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
301 North Atlantic Ave.	301 North Atlantic Ave.
Suite, Apt. #, etc.: No. 605	Suite, Apt. #, etc.: No. 605
City & State: Cocoa Beach, Florida	City & State: Cocoa Beach, Florida
Zip: 32931 Country: Brevard	Zip: 32931 Country: Brevard

4. FEI Number: 59-3697487 ☐ 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
Mosley & Wallis, P.A. 1221 East New Haven Melbourne, Florida 32901	Name: Glenn T. Sundin, Atty at Law, P.A. Street Address (P.O. Box Number is Not Acceptable): 335 South Plumosa Street Suite A City: Merritt Island **FL** Zip Code: 32952

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: Glenn T. Sundin 8/29/01

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$30,000.00	$30,000.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	Sharon A. Smigel-Mirando 1221 North Market Street Jefferson, Ohio 44047	STREET ADDRESS CITY-ST-ZIP	301 North Atlantic Ave., No. 605 Cocoa Beach, Florida 32931
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CR2E003 (11/00)

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: x Sharon A. Smigel Mirando 8/29/01

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