2001 UNIFORM BUSINESS REPORT (UBR)

J005881 AF

DOCUMENT # A00000000351

1. Entity Name

WARGA FAMILY LIMITED PARTNERSHIP NO. 2

FILED
01 MAR 23 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O NELSON & ASSOCIATES.P.A. 19495 BISCAYNE BLVD.. SUITE 609 AVENTURA FL 33180	C/O NELSON & ASSOCIATES.P.A. 19495 BISCAYNE BLVD.. SUITE 609 AVENTURA FL 33180

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0985097 ☐ 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
NELSON, BARRY A ESQ. C/O NELSON & ASSOCIATES 19495 BISCAYNE BLVD, SUITE 609 AVENTURA FL 33180	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.

SIGNATURE ______________________________
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. **$10,000,000.00**	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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P00000014617 WARGA ENTERPRISES, INC. 2242 FISHER ISLAND DRIVE FISHER ISLAND FL 33109	STREET ADDRESS CITY-ST-ZIP	19495 BISCAYNE BOULEVARD, SUITE 609 AVENTURA, FL 33180
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500003931975--6 -03/30/01--01037--010 ****526.25 ****526.25
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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: James L. Warga SIGNATURE REQUIRED 3/14/01 305-672-4223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #