

1082

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000431

FILED

1. Entity Name

01 AUG 24 PM 12:17

Clariel J. Mulholland Family Limited Partnership

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1100 Beach Rd., Apt. 3K Vero Beach, FL 32963	Mailing Address 1100 Beach Rd., Apt. 3K Vero Beach, FL 32963
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 65-0988559	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent  
Valdes-Fauli Corporate Services, Inc.  
777 South Flagler Dr., Ste. 500 East  
West Palm Beach, FL 33401

7. Name and Address of New Registered Agent  
Name: Patricia F. Cherry, c/o Johns Island Property Owners Association  
Street Address (P.O. Box Number is Not Acceptable): One Turtle Beach Rd.  
City: Vero Beach FL Zip Code: 32963

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: 8/9/01  
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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO 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 # NAME STREET ADDRESS CITY-ST-ZIP	L00000002588 Clariel J. Mulholland, L.L.C. 1100 Beach Road, Apt. 3K Vero Beach, FL 32963	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS 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

CLARIEL J. MULHOLLAND, L.L.C.

SIGNATURE: BY   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Clariel J. Mulholland, Member

7/13/01 201-664-2148  
Date Daytime Phone #

CR2E003 (1/00)