2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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FILED
03 MAY -5 PM 5:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A00000000569

1. Entity Name
HARMON FAMILY PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
2 GROVE ISLE DRIVE. APT 510 COCONUT GROVE FL 33133	2 GROVE ISLE DRIVE. APT 510 COCONUT GROVE FL 33133 CHANGE OF ADDRESS

2. Principal Place of Business	3. Mailing Address
25 Crescent St	C/O MARK HARMON 25 CRESCENT ST. #735
Suite, Apt. #, etc. #735	Suite, Apt. #, etc. # 735
City & State Waltham, MA	City & State WALTHAM MA
Zip / Country 02453 / USA	Zip / Country 02453 / USA

DUE BY MAY 1, 2003

4. FEI Number 65-0998893 ☐ 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
SLOTO, JAMES R ESQ 200 S. BISCAYNE BLVD., SUITE 3000 MIAMI FL 33133	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
$2,000,000.00	$2,000,000.00	

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 #	G02176900063		
NAME	HAROLD HARMON REVOCABLE TRUST	STREET ADDRESS	77 Florence St, Apt 204N
STREET ADDRESS	2 GROVE ISLE DRIVE, APT 510	CITY-ST-ZIP	Chestnut Hill, MA 02467
CITY-ST-ZIP	COCONUT GROVE FL 33133		
DOCUMENT #	G02176900062		
NAME	FLORENCE HARMON REVOCABLE TRUST	STREET ADDRESS	77 Florence St., Apt 204N
STREET ADDRESS	2 GROVE ISLE DRIVE, APT 510	CITY-ST-ZIP	Chestnut Hill, MA 02467
CITY-ST-ZIP	COCONUT GROVE FL 33133		
DOCUMENT #		STREET ADDRESS	
NAME	HARMON, MARK P	CITY-ST-ZIP	
STREET ADDRESS	25 CRESCENT STREET, #735		
CITY-ST-ZIP	WALTHAM MA 02453		
DOCUMENT #		STREET ADDRESS	300016122713
NAME	BREZNIAK, JUDITH		04/16/03--01067--008 **437.50
STREET ADDRESS	43 DRUMLIN ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	NEWTON MA 02459		
DOCUMENT #		STREET ADDRESS	300016122713
NAME			05/05/03--01015--013 **88.75
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

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: /S/ SIGNATURE REQUIRED 4/8/03 617-558-8411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #