

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR 24 AM 10: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0010143
AT

DOCUMENT # A00000000889

1. Entity Name

THE SPROUL NAVIA FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
520 MARMORE AVE CORAL GABLES FL 33146	520 MARMORE AVE CORAL GABLES FL 33146

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.	DUE BY MAY 1, 2002	
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City & State	City & State	4. FEI Number	Applied For 65-1011108
			Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
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VELEZ, MARIA C. ARRIOLA 35 ALMERIA AVE CORAL GABLES FL 33134		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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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.

DATE

9. Capital Contributions as Shown on record.	\$90,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	400005389274
NAME	SPROUL, MARIA TERESA 520 MARMORE AVE CORAL GABLES FL 33146	STREET ADDRESS		

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	-04/30/02-01018-002 ****526.25 ****526.25
NAME		STREET ADDRESS		

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	
NAME		STREET ADDRESS		

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NAME		STREET ADDRESS		

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NAME		STREET ADDRESS		

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	
NAME		STREET ADDRESS		

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

Maria Teresa Sproul 4/10/02 305-607-5879
 SIGNATURE: *Maria Teresa Sproul*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)