

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A00000001303
 1. Entity Name
HARDING FAMILY INVESTMENTS, LTD.

FILED

Handwritten initials

Principal Place of Business: **2801 PONCE DE LEON BLVD., STE 680 CORAL GABLES FL 33134**
 Mailing Address: **2801 PONCE DE LEON BLVD., STE 680 CORAL GABLES FL 33134**

01 JAN 17 PM 12:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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

DO NOT WRITE IN THIS SPACE
 4. FEI Number Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HARDING, MARIA-ELENA B
2801 PONCE DE LEON BLVD., STE 680
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 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]*
 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: **\$990.00**
 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	
DOCUMENT #	
NAME	HARDING, JOHN A TRUSTEE
STREET ADDRESS	8836 NW 151ST TERRACE
CITY-ST-ZIP	MIAMI LAKES FL
DOCUMENT #	
NAME	HARDING, MARIA-ELENA A TRUSTEE
STREET ADDRESS	8836 NW 151ST TERRACE
CITY-ST-ZIP	MIAMI LAKES FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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: *[Signature]* **EXCISE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: **1-9-2001** Daytime Phone #: **(305) 447-4103**

CR2E003 (11/00)