

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # A00000001366**

1. Entity Name

M & P AUGUSTINE FAMILY LIMITED PARTNERSHIP, LTD.

Principal Place of Business

Mailing Address

411 SOUTH COUNTY ROAD, SUITE 200

411 SOUTH COUNTY ROAD, SUITE 200

PALM BEACH
33480

FL

PALM BEACH
33480

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

ZELLER RONALD J
411 SOUTH COUNTY ROAD, SUITE 200
ZELLER & KEIHNER, L.L.P.
PALM BEACH
33480 FL
US

Name

ZELLER RONALD JESQ.

Street Address (P.O. Box Number is Not Acceptable)
222 LAKEVIEW AVENUE, SUITE 260

ZELLER & ASSOCIATES LLC

City
WEST PALM BEACH

FL

Zip Code
33401

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 **RONALD J. ZELLER, ESQ.****05/01/2001**

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. 500.0010. Amount of Capital Contributions
in FLORIDA to date. 500.00**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 #		STREET ADDRESS	
NAME	AUGUSTINE PAULA	CITY-ST-ZIP	
STREET ADDRESS	1482 BUCK CREEK DRIVE		
CITY-ST-ZIP	YARDLEY PA 19067		
DOCUMENT #		STREET ADDRESS	
NAME	AUGUSTINE MICHAEL	CITY-ST-ZIP	
STREET ADDRESS	1482 BUCK CREEK DRIVE		
CITY-ST-ZIP	YARDLEY PA 19067		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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

SIGNATURE: **Michael Augustine**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MGR 05/01/2001

Date

Daytime Phone #

CR2E003 (11/00)