

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # A00000001366

1. Entity Name

M & P AUGUSTINE FAMILY LIMITED PARTNERSHIP, Ltd.

02 MAY -1 AM 10:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

222 Lakeview Avenue

3. Mailing Address

222 Lakeview Avenue

Suite, Apt. #, etc.

Suite 260

Suite, Apt. #, etc.

Suite 260

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33401

Country

USA

Zip

33401

Country

USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

65-2794371

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ronald J. Zeller, Esq.

Street Address (P.O. Box Number is Not Acceptable)

222 Lakeview Avenue, Suite 260

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$500.00

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 #	A00000001366	STREET ADDRESS	
NAME	Augustine, Michael	CITY-ST-ZIP	000005555050--3
STREET ADDRESS	1482 Buck Creek Drive		-05/16/02-01051-014
CITY-ST-ZIP	Yardley, PA 19067		****141.25 ****141.25
DOCUMENT #	A00000001366	STREET ADDRESS	
NAME	Augustine, Paula	CITY-ST-ZIP	
STREET ADDRESS	1482 Buck Creek Drive.		
CITY-ST-ZIP	Yardley, PA 19067		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E0038 (12/01)