

2001 UNIFORM BUSINESS REPORT (UBR)

0004232 AF

DOCUMENT # A00000001421

Entity Name

JORGE LOPEZ FAMILY PARTNERSHIP, LTD.

Principal Place of Business
2121 PONCE DE LEON BOULEVARD, PH2
CORAL GABLES FL 33134

Mailing Address
2121 PONCE DE LEON BOULEVARD, PH2
CORAL GABLES FL 33134

FILED
01 JAN 29 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		X \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WOLFE, LEON J ESQ.
% BERMAN WOLFE RENNERT VOGEL & MANDLER PA
2121 PONCE DE LEON BOULEVARD, PH2
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
Registered Agents of Florida, LLC
Street Address (P.O. Box Number is Not Acceptable)
100 Southeast Second Street
Suite 3500
City Miami FL Zip Code 33131-2130

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  V.P. 1/27/01
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 \$1,000.00 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	L00000011122	STREET ADDRESS	
NAME	JL FAMILY HOLDINGS, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	2121 PONCE DE LEON BOULEVARD, PH2		
CITY-ST-ZIP	CORAL GABLES FL 33134		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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:  SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (11/00)