

**\*AMENDED\***  
**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # A00000001447**

1. Entity Name:

**SUAREZ-MURIAS FAMILY PARTNERSHIP, LTD.**

FILED  
 01 JUN -1 AM 10:46  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 275 HARBOR DRIVE KEY BISCAYNE FL 33149	Mailing Address 275 HARBOR DRIVE KEY BISCAYNE FL 33149
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEJ Number 65-1042847	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SUAREZ-MURIAS, JORGE 275 HARBOR DRIVE KEY BISCAYNE FL 33149		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
9. Capital Contributions as Shown on record. \$156,796.25	10. Amount of Capital Contributions in FLORIDA to date. \$48,092.33	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 # NAME STREET ADDRESS CITY-ST-ZIP	SAUREZ-MURIAS, JORGE 275 HARBOR DRIVE KEY BISCAYNE FL 33149	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	600004338786 -06/01/01 -01092--030 ***336.64 ***336.64
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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)(f), 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.

SIGNATURE:   
 4-28-2001