

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010229 AT

DOCUMENT # **A00000001447**

1. Entity Name
SUAREZ-MURIAS FAMILY PARTNERSHIP, LTD.



FILED

2003 JUN -5 PM 3:33

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**275 HARBOR DRIVE
KEY BISCAYNE FL 33149**

Mailing Address
**275 HARBOR DRIVE
KEY BISCAYNE FL 33149**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2003

4. FEI Number **65-1042847**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SUAREZ-MURIAS, JORGE
275 HARBOR DRIVE
KEY BISCAYNE FL 33149**

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. **\$332,650.90**

10. Amount of Capital Contributions in FLORIDA to date. **\$364,650.90**

11. MAKE CHECK PAYABLE TO FL. 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	
	SAUREZ-MURIAS, JORGE		400016373924
STREET ADDRESS	275 HARBOR DRIVE	CITY-ST-ZIP	05/16/03--01007--010 **88.75
CITY-ST-ZIP	KEY BISCAYNE FL 33149		
DOCUMENT #	NAME	STREET ADDRESS	
			400016373924
STREET ADDRESS		CITY-ST-ZIP	04/21/03--01031--015 **661.50
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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STREET ADDRESS		CITY-ST-ZIP	
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: **Suarez-Murias** **SIGNATURE REQUIRED** **4-10-03** **(305) 361-2272**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)