


2002 UNIFORM BUSINESS REPORT (UBR)

0000884 AT

DOCUMENT # A00000001517
 1. Entity Name
LOIRA FAMILY LIMITED PARTNERSHIP

FILED
 2002 JUL 29 AM 9:49
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
 104 CRANDON BLVD., SUITE 315 104 CRANDON BLVD., SUITE 315
 KEY BISCAIYNE FL 33149 KEY BISCAIYNE FL 33149

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

DUE BY SEPTEMBER 25, 2002
 4. FEI Number **65-0967907** 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
OROZCO, GINETTE
527 BAY LANE
KEY BISCAIYNE 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. **\$900,000.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	DE CASABIANCA, GINETTE 104 CRANDON BLVD., SUITE 315 KEY BISCAIYNE FL 33149
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PERDOMO BARAT, BETTY 104 CRANDON BLVD., SUITE 315 KEY BISCAIYNE FL 33149
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	100006381751--8
	-08/05/02--01004--015
	***335.00 ***335.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *GINETTE DE CASABIANCA* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

CR2E003 (4/02)