

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010204 AT

DOCUMENT # A00000001517

1. Entity Name
LOIRA FAMILY LIMITED PARTNERSHIP



FILED

2003 JUN 13 PM 3:41

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
104 CRANDON BLVD., SUITE 315
KEY BISCAYNE FL 33149

Mailing Address
104 CRANDON BLVD., SUITE 315
KEY BISCAYNE FL 33149

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 65-0967907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OROZCO, GINETTE
527 BAY LANE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

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

DATE

9. Capital Contributions
as Shown on record.

\$900,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # OROZCO
NAME DE CASABIANCA, GINETTE
STREET ADDRESS 104 CRANDON BLVD., SUITE 315
CITY-ST-ZIP KEY BISCAYNE FL 33149

STREET ADDRESS 527 Bay Lane
CITY-ST-ZIP Key Biscayne, FL 33149

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

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)