

2001 UNIFORM BUSINESS REPORT (UBR)

0010963 AF

DOCUMENT # **A00000001787**

1. Entity Name

THE MALLOY FAMILY LIMITED PARTNERSHIP

FILED

01 APR 13 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

FILED

Principal Place of Business 1271 EMBER COURT MARCO ISLAND FL 34145	Mailing Address 1271 EMBER COURT MARCO ISLAND FL 34145
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEJ Number 65-1064260	APPLICABLE <input checked="" type="checkbox"/> FILED Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MALLOY, JOSEPH P
1271 EMBER COURT
MARCO ISLAND FL 34145**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date. 69,300.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE - SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	MALLOY, JOSEPH P 1271 EMBER COURT MARCO ISLAND FL 34145	STREET ADDRESS	600004064536-2 -04/24/01 --01096--002 ***526.25 ***526.25
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

4/10/01 **981-393-0886**
Date Daytime Phone #

CR2E003 (11/00)