APPROVED
AND
FILED

02 MAR 18 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001796

1. Entity Name

THE INDIAN ANCESTRAL TRUST FAMILY LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1835 W. Flagler ST	1835 W. Flagler ST
Suite, Apt. #, etc.: SUITE 201	Suite, Apt. #, etc.: SUITE 201
City & State: MIAMI FLORIDA	City & State: MIAMI FLORIDA
Zip: 33135 Country: US	Zip: 33135 Country: US

DUE BY MAY 1

4. FEI Number: 65-1047310 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ESTEVEZ OSCAR J.

Street Address (P.O. Box Number is Not Acceptable): 1835 W. Flagler ST S-201

City: MIAMI **FL** Zip Code: 33135

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

9. Capital Contributions as Shown on record	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION.
$5500.00	$1,343.00	

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	PIVNEY, WILLIAM A
STREET ADDRESS	1835 W FLAGLER ST. STE #200
CITY-ST-ZIP	MIAMI, FL 33135
DOCUMENT #	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	1835 W. Flagler ST Ste 201
CITY-ST-ZIP	MIAMI, FL 33135
STREET ADDRESS	
CITY-ST-ZIP	700005170359--5 -03/26/02--01079--025 ****141.25 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	DO NOT WRITE
STREET ADDRESS	IN THIS SPACE
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CITY-ST-ZIP	

STAPLE CHECK HERE

CR2E003B (12/01)

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: William Pivney 3/1/02 305-490-0594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Telephone Number

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER