2001 UNIFORM BUSINESS REPORT (UBR)

		EPVNI	(UDN)			
DOCUMENT'# A0000 1. Enlity Name	0001901	<u> </u>	<u> </u>			
THE POHLMAN FAMILY LIMITED PARTNERSHIP				FILED		
Principal Place of Business 3741 NE 29th AVE UGUTUOUSE PT, FL 33064 33064 33064				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business	3. Mailing Addre	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, e	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	City & State	City & State		4. FELNumber Applied For Not Applicable		
Zip Country	Zip	Coun	try	5. Certificate of Status Desired S8.75 A Fee Requi	dditional red	
6. Name and Address of Cu				7. Name and Address of New Registered Agent		
Stephen K. Ponlman			Name			
2001 DE DATA ADRIGUE			Street Address (BO Day Muster in New Assessment 197			
3741 NE 29Th Avenue Lighthouse Point R 33004			Street Address (P.O. Box Number is Not Acceptable)			
Light house Poin	Th 3300	64 I				
Ciope, Tio sales VII	. 0 000	•				
		İ	City	City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its reg			200			
or the above harried entity submits this state if	ient for the purpose of char	nging its registere	ea office or regist	ered agent, or both, in the State of Florida.		
SIGNATURE Support or printed name of registerer	d agent and title if applicable.	(NOTE: Registered	d Agent signature requi	5/3/0/		
9. Capital Contributions as Shown on record.		of Capital-Contrib		O - 11 MAKE CHECK PAYABLE TO DEPT.		
A GENERAL PARTI	IER THAT IS A BUSINE	SS ENTITY ME	UST BE REGI	STERED AND ACTIVE WITH THIS OFFICE		
NOTE: General Partner	TO MAY NOT be above.	d on the form				
	S MAT NOT be change	a on the lonn,	; an amenome	ent must be filed to change a general partner.	-	
12. GENERAL PAR	RTNER INFORMATION	13.	an amenome	ent must be filed to change a general partner. ADDRESS CHANGES ONLY		
DOCUMENT A STEPHEN K.	Poh Imcu	13.	ET ADDRESS	ent must be filed to change a general partner.		
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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 AND TYPED OR PRINTED NAME OF SIGNAING

POHLMAN

5/3/01 954-781-597