

2002 UNIFORM BUSINESS REPORT (UBR)

0009668 AT

DOCUMENT # A01000000769

1. Entity Name
AV FAMILY LIMITED PARTNERSHIP

FILED
02 JAN 30 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1725 UNIVERSITY DRIVE SUITE 400 CORAL SPRINGS FL 33071	Mailing Address 1725 UNIVERSITY DRIVE SUITE 400 CORAL SPRINGS FL 33071
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DUE BY MAY 1, 2002

Zip	Country	Zip	Country	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AV FAMILY, LLC
1725 UNIVERSITY DRIVE
SUITE 400
CORAL SPRINGS FL 33071**

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

9. Capital Contributions as Shown on record. **\$7,500.00**

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	L0100008975 AV FAMILY, LLC 1725 UNIVERSITY DRIVE CORAL SPRINGS FL 33071
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	800004880408--4 -02/05/02--01054--005 ****141.25--****141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (9/01)

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 _____ **SIGNATURE REQUIRED** 1/12/02 954 796 1140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #