	-,	FORM BU			ORT	(UBR)					-	
DOCUMENT # A0100000791 1. Entity Name							ļ	FILED				
HORAN ENTERPRISES, LIMITED PARTNERSHIP							02	02 OCT 20 2				
Principal Place of Business Mailing Address							- IAL	CRETALY OF STATE LAHASSEE, ELORIU	: 4 F	6		
38 PERRY AVENUE BOYNTON BEACH FL 33435				38 PERRY AVENUE BOYNTON BEACH FL 33435				OLC, BEORIE	À			
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DUE BY CEDTEMP			2000	
City & State				City & State			4. FEI Number Applied For Applied For Net Applied For					
Zip		Country	Zip		Cour	ntry	-5. Certificate	of Status Desired			Not Applicable	
6. Name and Address of Current Registered Agent					<u> </u>			7. Name and Address of New Registered Agent				
8. The above named entity submits this statement for the purpose of changing its retained by the obligations of registered agent.						Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code istered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable						
SIGNATURE	Signature, typed	or printed name of registered	agent and title if ap	plicable.		.		DA .	 -			
9. Capital Contributions as Shown on record. \$300,000.00 10. Amount of Capital in FLORIDA to da						outions 300	,000.00	OOO.OO 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
	A G NOTE:	ENERAL PARTNE General Partners	R THAT IS	A BUSINESS EN be changed on ti	TITY M	UST BE REGIS	STERED AND A	CTIVE WITH THIS OFI	100			
12. GENERAL PARTNER INFORMATION					13.							
NAME	HORAN REALTY ASSOCIATES, LLC					ET ADDRESS	20000000000					
DOCUMENT #	BOYNTON BEACH FL 33435					ST-ZIP	11708/	00088950 00088950	*	5 (6) {	ਤ }37.50	
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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

CITY-ST-ZIP

SIGNATURE:

NAME . STREET ADDRESS

CITY-ST-ZIP

John Horan 8-28-02 (561) 272-0690
Date Davime Phone #