000	0 11111P0011 5:	NINEAA	ADD #15		_
DOCL	2 UNIFORM BUS JMENT # A010		ORT (UBR)) . FILED	descending the second s
1. Entity Name			• •	02 AUG 20 AM 9: 4 I	≥
THE GANCEDO FAMILY WAREHOUSE LIMITED PARTNERSHIP					
Principal Place of Business Mailing Address 7251 SW 23 STREET 7251 SW 23 STREET MIAMI FL 33155 MIAMI FL 33155 US US				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal	Place of Business	3. Mailing Address			
Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE BY MAY 1 2000	
City & State City & State			DUE BY MAY 1, 2002 4. FEI Number, 1/4 Applied	i For	
Zip	Country -	- Zip	Country	Not App	plicable
	6. Name and Address of Curre		<u> </u>	Certificate of Status Desired	
GANCEDO, CARLOS JR			Name	and reduces of Heat Legisletan Agent	
8. The abov	•		City	gistered agent, or both, in the State of Florida.	
Capital Contributions as Shown on record. S1,000.00 10. Amount of Capital C in FLORIDA to date.				11. MAKE CHECK PAYABLE TO DEPT. OF STA	
	A GENERAL PARTNER NOTE: General Partners N	THAT IS A BUSINESS	ENTITY MUST BE RE	GISTERED AND ACTIVE WITH THIS OFFICE. ment must be filed to change a general partner.	- 1
12.		ER INFORMATION	13.	ADDRESS CHANGES ONLY	=======================================
NAME STREET ADDRESS CITY-ST-ZIP	GANCEDO, CARLOS JR 7251 SW 23 STREET MIAMI FL 33155		STREET ADDRESS CITY-ST-ZIP	*:	CR2E003 (9/01)
DOCUMENT #	GANCEDO, CARLOS SR		STREET ADDRESS		CR2
STREET ADDRESS CITY-ST-ZIP	4121 SW 96 AVENUE MIAMI FL 33165		CITY-ST-ZIP	-08/23/0201058010 ****141.25 ****141.2	5
DOCUMENT # NAME			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
DOCUMENT #	1				
CITY-ST-ZIP DOCUMENT * * NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT # NAME F STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME			STREET ADDRESS		1000
DOCUMENT ** NAME ** STREET ADDRESS CITY-ST-ZIP DOCUMENT *					

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

OU/2/02

DOS 3 6 5 - 1984 R

SIGNATURE:

305265-1984