

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001347

1. Entity Name
CAROL R. OWEN FAMILY LTD. PARTNERSHIP LLLP



Principal Place of Business
519 PALM DRIVE
HALLANDALE FL 33009

Mailing Address
519 PALM DRIVE
HALLANDALE FL 33009

FILED

03 FEB 12 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 22-3850031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DADE COUNTY CORPORATE AGENTS, INC.
20801 BISCAYNE BLVD., SUITE 505
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

Carol R. Owen

Street Address (P.O. Box Number is Not Acceptable)

519 Palm Dr.

City

Hallandale

FL

Zip Code

33009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carol R. Owen General Partner*

9. Capital Contributions
as Shown on record.

\$2,300,000.00

10. Amount of Capital Contributions
in FLORIDA to date

\$2,300,000.00

DATE

11. MAKE CHECK PAYABLE TO FL. 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 OWEN, CAROL R
STREET ADDRESS 519 PALM DRIVE
CITY-ST-ZIP HALLANDALE FL 33009

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

900012698459
02/18/03--01044--010 **526.25

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STREET ADDRESS
CITY-ST-ZIP

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

Carol R. Owen 1-10-03 95445427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)