

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A010000001464

1. Entity Name

~~MLN Family Limited Partnership~~
MLN FAMILY PARTNERSHIP, LTD.

FILED

02 OCT 24 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9556 Barletta Winds Point

3. Mailing Address
9556 Barletta Winds Point

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1

City & State
Delray Beach, Florida

City & State
Delray Beach, Florida

4. FEI Number
65-1149775

Applied For
Not Applicable

Zip
33446

Country
Palm Beach

Zip
33446

Country
Palm Beach

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
Alison J. Martin

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

9556 Barletta Winds Point

City
Delray Beach

FL

Zip Code
33446

**DO NOT WRITE
IN THIS SPACE**

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  Alison J. Martin

October 1, 2002
DATE

9. Capital Contributions as Shown on record. \$10,000.00

10. Amount of Capital Contributions in FLORIDA to date: \$2,000,000.00

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

10/22/02-01031-001 **50.00

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P01000103134 MLN of Palm Beach County, Inc. 9556 Barletta Winds Point Delray Beach, FL 33446	STREET ADDRESS CITY-ST-ZIP	
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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

MLN of Palm Beach County, Inc.

SIGNATURE  Alison J. Martin, President

10/01/02 561-988-0222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #