## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

UNITURIM	BOSHIES HE CH
DOCUMENT #	A02000001187

1. Entity Name

THE PENNELL FAMILY LIMITED PARTNERSHIP



Principal Place of Business 418 NE RIVER DRIVE DEERFIELD BEACH FL 33441 Mailing Address 418 NE RIVER DRIVE DEERFIELD BEACH FL 33441 FILED

2003 FEB -5 AM 10: 03

-DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA



City & State    City & State   City & State   City & State   City   State   Status Desired   Status Desired   Status Desired   State							
City & State  Country  Country  Country  Country  S. Certificate of Status Desired  States Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  States Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Lam familiar with, and a the obligations of registered agent.  SIGNATURE  Sequence bread or arread entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Lam familiar with, and a the obligations of registered agent.  SIGNATURE  Sequence bread or arread entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Lam familiar with, and a the obligations of registered agent.  SIGNATURE  Sequence bread or arread entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Lam familiar with, and a the obligations of registered agent.  SIGNATURE  Sequence bread or arread entity submits this statement for the purpose of changing its registered office or registered agent.  SIGNATUR	Principal Place of Business     3. Mailing Address			1 1861011 1831 46110 13811 08111 08111 08111 08111	41 11441 ICE41 14171 1201 1441		
City & State    Zip	Suite, Apt. #, etc. Suite, Apt. #, etc.			DUE BY MAY 1, 2003			
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  S. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Num	City & State City & State			4. FEI Number 02-0651946	Applied For Not Applicable		
SHAMEL, C. RICHARD JR. 212 NORTH FEDERAL HIGHWAY DEERFIELD BEACH FL 33441  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Zip Code  1. MAKE CHECK PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FET INFORMATION  9. Capital Contributions as Shown on record. \$1,500,000.000 10. Amount of Capital Contributions in FLORIDA to date.  A GENERAL PARTINER THAT IS A BUSINESS BENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  NOTE: GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  15. DEERFIELD BEACH FL 33441  PENNELL, JOHN H 418 NE RIVER DRIVE DEERFIELD BEACH FL 33441  CITY-ST-ZIP  DOCUMENT / MAKE SIREET ADDRESS CITY-ST-ZIP  DOCUMENT / MAKE CIT	Zip	Country	Zip	Country	- III (S) Desired		
SHAMEL, C. RICHARD JR. 212 NORTH FEDERAL HIGHWAY DEERFIELD BEACH FL 33441  City FL Zip Code  1. MAKE CHECK PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION  1. MAKE CHECK PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION  2. Capital Contributions as Shown on record.  3. General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  1. General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  1. General Partner NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  1. General Partner NOTE: General Partner MAY NOT be changed on the form; an amendment must be filled to change a general partner.  2. General Partner NOTE: General Partner NOTE: General Partner SMAY NOT be changed on the form; an amendment must be filled to change a general partner.  2. General Partner NOTE: General Partn			D. Haland Agent	1	7. Name and Address of New Registered A	gent	
212 NORTH FEDERAL HIGHWAY DEERFIELD BEACH FL 33441  City  City  FL  Zip Code  City	6. Name and Address of Current Registered Agent			Name	Name		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  SIGNATURE  Signature, bytend or printed name of registered agent and the 4 applicable.  9. Capital Contributions as Shown on record.  A GENERAL PARTINET 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  14. NAME  STREET ADDRESS  CITY-ST-ZIP  DOCUMENT / NAME  STREET ADDRESS  CITY-ST-ZIP	212 NORTH FEDERAL HIGHWAY			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
SIGNATURE  Signature byted or printed name of registered agent and title if applicable.  9. Capital Contributions as Shown on record.  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  13. ADDRESS CHANGES ONLY  15. TREET ADDRESS  CITY-ST-ZP  DEERFIELD BEACH FL 33441  DOCUMENT / NAME STREET ADDRESS  CITY-ST-ZP  DECUMENT / NAME STREET ADDRESS  CITY-ST-ZP  DECUMENT / NAME STREET ADDRESS  CITY-ST-ZP  DOCUMENT / NAME STREET ADDRESS  CITY-ST-ZP  DOCUMENT / NAME STREET ADDRESS  CITY-ST-ZP  DOCUMENT / NAME STREET ADDRESS  CITY-ST-ZP  CITY-ST-ZP  CITY-ST-ZP  DOCUMENT / NAME STREET ADDRESS  CITY-ST-ZP		•		1 '	<u> </u>	·	
9. Capital Contributions as Shown on record \$1,500,000.00 10. Amount of Capital Contributions in FLORIDA to date.  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 filled to change a general partner.  ADDRESS CHANGES ONLY  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  14. DOCUMENT / NAME  STREET ADDRESS  CITY-ST-ZIP  DEERFIELD BEACH FL 33441  DOCUMENT / NAME  STREET ADDRESS  CITY-ST-ZIP	the obligatio	ons of registered agent.		its registered office or regis	DATE		
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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI	Signature, typed or printed name of registerial signature. 10. Amount of Capital Contributions.		pital Contributions	11 MAKE CHECK PAYARIF	TO FL. DEPT. OF STATE R FEE INFORMATION		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		A GENERAL PARTNER NOTE: General Partners	MAY NOT be changed on	tile lotin, all anteness			
STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	DOCUMENT #			STREET ADDRESS			
PENNELL, PATRICIA STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	STRÉET ADDRESS	418 NE RIVER DRIVE		CITY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP		DEMNELL PATRICIA		STREET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	STREET ADDRESS	418 NE RIVER DRIVE		. CITY-ST-ZIP			
DOCUMENT # STREET ADDRESS  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP				STREET ADDRESS		<u>a =</u>	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS	-		CITY-ST-ZIP	02/05/0301094006	**526.25	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP				STREET ADDRESS			
DOCUMENT # STREET ADDRESS	STREET ADDRESS			CITY-ST-ZIP			
NAME	DOCUMENT # NAME			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZiP	<u> </u>		
DOCUMENT # STREET ADDRESS  NAME  STREET ADDRESS  CITY-ST-ZIP	DOCUMENT # NAME						
STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  Add thereby continues a property that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii) and the continue of the limited particles.					in Section 119.07(3)(i), Florida Statutes. I further o	ertify that the informatic	

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: