

2002 UNIFORM BUSINESS REPORT (UBR)

0008205 AT

DOCUMENT # A29517

1. Entity Name

ALLEN FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR 29

Principal Place of Business

5637 MADISON STREET
HOLLYWOOD FL 33023

Mailing Address

5637 MADISON STREET
HOLLYWOOD FL 33023

2. Principal Place of Business

27746 S Dixie Hwy NARANJA FL 33032

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

NARANJA FL

City & State

NARANJA FL

4. FEI Number

65-0165071

Applied For

Not Applicable

Zip

33032

Country

DADE

Zip

33032

Country

DADE

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, TRACY
27746 B.S. DIXIE
NARANJA FL 33032

7. Name and Address of New Registered Agent

Name Mary Allen
Street Address (P.O. Box Number Not Acceptable)
27746 S Dixie Hwy

City NARANJA

FL

Zip Code
33032

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

Mary Allen

3-26-02

DATE

9. Capital Contributions
as Shown on record.

\$731,250.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT # L43821
NAME MARVIN & JEAN ALLEN, INC
STREET ADDRESS 27746 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP NARANJA FL 33032

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

AL

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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: Mary Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-26-02

Date

Daytime Phone #

CP2E003 (9/01)

STAPLE CHECK HERE