

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30029**

1. Entity Name

MATTHEWS FAMILY INVESTMENT PARTNERSHIP, LTD.

Principal Place of Business  
222 LAKEVIEW AVE. #160-292  
WEST PALM BEACH FL 33401

Mailing Address  
222 LAKEVIEW AVE. #160-292  
WEST PALM BEACH FL 33401

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

FILED  
01 APR 16 PM 12: 13  
w/

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number	<b>65-0196078</b>	Applied For
		Not Applicable

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

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	Zip Code

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.

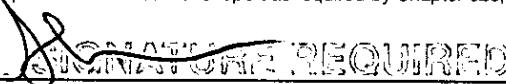
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$8,642,734.00** **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.**

<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>
DOCUMENT #	S90890	STREET ADDRESS
NAME	MATTHEWS BROS., INC.	CITY-ST-ZIP
STREET ADDRESS	2882 POLO ISLAND DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
DOCUMENT #		STREET ADDRESS
NAME		CITY-ST-ZIP
STREET ADDRESS	000004082600--0	
CITY-ST-ZIP	04/26/01 01112 002	
	****526.25	****526.25
DOCUMENT #		STREET ADDRESS
NAME		CITY-ST-ZIP
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DOCUMENT #		STREET ADDRESS
NAME		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:** 

**SIGNATURE OR PRINTED NAME REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/16/01

Date

Daytime Phone #

0000073  
AF

CR2E003 (11/00)