

# 2002 UNIFORM BUSINESS REPORT (UBR)

0020740 SP

DOCUMENT # A31931

1. Entity Name

THE FERRIN FAMILY LIMITED PARTNERSHIP

Principal Place of Business

3426 ROOSEVELT BLVD.  
KEY WEST FL 33040

Mailing Address

3426 ROOSEVELT BLVD.  
KEY WEST FL 33040

FILED  
02 JUN -5 AM 10:00  
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, 2002

4. FEI Number

65-0296384

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERRIN, MARIA C  
3426 N. ROOSEVELT BLVD.  
KEY WEST FL 33040

Name MARIA C FERRIN  
Street Address (P.O. Box Number is Not Acceptable)  
616 CANDIA AVE  
City CORAL GABLES FL Zip Code 33134

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.

DATE

9. Capital Contributions  
as Shown on record.

\$100,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # S70841  
NAME FRN, INC.  
STREET ADDRESS 3426 ROOSEVELT BLVD.  
CITY-ST-ZIP KEY WEST FL

STREET ADDRESS 616 CANDIA AVE  
CITY-ST-ZIP CORAL GABLES FL.33134

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/23/02

Date

Daytime Phone #

CR2E003 (9/01)