

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001723 AV

DOCUMENT # **A31931**

1. Entity Name
THE FERRIN FAMILY LIMITED PARTNERSHIP



FILED

2003 AUG -7 AM 9:11

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**616 CANDIA AVENUE
CORAL GABLES FL 33134**

Mailing Address
**616 CANDIA AVENUE
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

3903 GRANADA BLVD

PO Box 347403

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

4. FEI Number **65-0296384**

Applied For

Not Applicable

Zip

33134

Country

DADE

Zip

33234

Country

DADE

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

**616 CANDIA AVENUE
CORAL GABLES FL 33134**

Name

Same

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

**3903 GRANADA BLVD
GRANADA**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions
as Shown on record.

\$100,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 **616 CANDIA AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

STREET ADDRESS **PO Box 347403**
CITY-ST-ZIP **CORAL GABLES FL 33234**

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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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/10/03
Date

Daytime Phone #

CR2E003 (10/02)