

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
3903 GRANADA BLVD
Suite, Apt. #, etc.

3. Mailing Address
PO Box 347403
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
CORAL GABLES FL
Zip
33134 Country
DADE

City & State
CORAL GABLES FL
Zip
33234 Country
DADE

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

FERRIN, MARIA C
616 CANDIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	S70841 FRN, INC. 616 CANDIA AVENUE CORAL GABLES FL 33134
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	PO Box 347403 CORAL GABLES FL 33234
STREET ADDRESS CITY-ST-ZIP	400021587784 08/07/03--01042--004 **400.00
STREET ADDRESS CITY-ST-ZIP	400021587784 07/16/03--01026--009 **526.25
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 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: *Maria C Ferrin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/10/03
Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE