

2002 UNIFORM BUSINESS REPORT (UBR)

0008409 AT

DOCUMENT # A93000000919

1. Entity Name

CARON FAMILY LIMITED PARTNERSHIP

Principal Place of Business

**4562 S KIRKMAN ROAD
ORLANDO FL 32811**

Mailing Address

**4562 S KIRKMAN ROAD
ORLANDO FL 32811****FILED****02 APR 25 PM 12:33****SECRETARY OF STATE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-0433505

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DOUMAR, CURTIS, CROSS, LAYSTROM & PERLOFF
C/O JEFFREY S. WACHS, ESQ.
1177 S.E. 3RD AVE.
FT. LAUDERDALE FL 33316-1197**

Name

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

City

FL

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.

DATE

9. Capital Contributions
as Shown on record.**\$10,000.00**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 #
NAME
STREET ADDRESS
CITY-ST-ZIP**
**CARON, RAYMOND F MD
5852 MEDINAH WAY
ORLANDO FL 32819**

STREET ADDRESS

CITY-ST-ZIP

**DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP**

STREET ADDRESS

CITY-ST-ZIP

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/20/02 8072927527

Date Daytime Phone #

CR2E003 (9/01)