


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008494 AT

DOCUMENT # A93000000919 1. Entity Name CARON FAMILY LIMITED PARTNERSHIP	
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FILED

03 MAY 16 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 4562 S KIRKMAN ROAD ORLANDO FL 32811	Mailing Address 4562 S KIRKMAN ROAD ORLANDO FL 32811
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2. Principal Place of Business 54 S. KIRKMAN RD	3. Mailing Address SAME
Suite, Apt. #, etc. SUITE F.	Suite, Apt. #, etc.
City & State ORLANDO FL	City & State
Zip 32811	Country USA

DUE BY MAY 1, 2003	
4. FEI Number 65-0433505	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DOUMAR, CURTIS, CROSS, LAYSTROM & PERLOFF C/O JEFFREY S. WACHS, ESQ. 1177 S.E. 3RD AVE. FT. LAUDERDALE FL 33316-1197	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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. \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date. 0	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	CARON, RAYMOND F MD	STREET ADDRESS	
NAME	5852 MEDINAH WAY	CITY-ST-ZIP	300019184909
STREET ADDRESS	ORLANDO FL 32819	CITY-ST-ZIP	05/16/03--01074--005 **150.00
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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	4/30/03 Date	8073927527 Daytime Phone #
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STAPLE CHECK HERE

CR2E003 (10/02)