FILED

03 JAN 29 PM 12: 02

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A9400000313

DOCUMENT #

Entity Name
 ANGEL/ESTELA OLIVA FAMILY PARTNERSHIP, LTD.

					600 W	1745		TO DO VIEW	TAYE		
Principal Place of Business 2008 18TH STREET TAMPA FL 33605			Mailing Address P.O.BOX 2206 TAMPA FL 33601				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
					•		 	I Î Î Î Î Î Î Î Î Î Î Î Î Î Î Î Î Î Î Î)	#1 86168 (11 31 41 688 (111 1 88)	
2. Principal I	3. Mailing Address	g Address									
Suite, Apt	#, etc. N/A		Suite, Apt. #, etc.			DUE BY MAY 1, 2003					
City & State			City & State				4. FEI Number	59-3247590		Applied For	
Tampa, Fla. Zip Country 33607 II S A			Zip Country				Not Applicable S. Certificate of Status Desired				
		U.S.A. d Address of Current	legistered Agent				7. Name and Address of New Registered Agent				
OLIVA K			Name				va, John E.				
OLIVA, JOHN E 2008 18TH ST.			Street Address			ddress (F	(P.O. Box Number is Not Acceptable) 4 N. Armenia Ave.,				
tampa f	L 33605			310			N. ALI	enta Ave	•/		
				City Tamp			a,		FL	Zip Code 33607	
8. The above named entity to bmits this statement for the propose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.											
9. Capital Co as Shown	tal Contrit	butions				PAYABLE TO	FL. DEPT. OF STATE				
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		13.	, an amer	Tamen	indst be illed	ADDRESS CHA		ei.	
DOCUMENT / NAME	OLIVA, ANGE	L JR		STREE			04 N. Armenia Ave.,				
STREET ADDRESS CITY-ST-ZIP	2008 18TH S TAMPA FL 33				CITY-ST-ZIP						
DOCUMENT#	TAMENTE GOOD					Ta	Tampa, Fla. 33607				
NAME STREET ADDRESS	OLIVA, JOHN 2008 18TH ST		,	STRE	STREET ADDRESS		104 N. Armenia Ave.,				
CITY-ST-ZIP	TAMPA FL 33605			CITY-	-ST-ZIP	Ta	Tampa, Fla. 33607				
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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 empowers to execute this report as requires by Chapter 620, Florida Statutes											
SIGNATURE: 1/14/03 813-248-4921											
SIGNATURE AND TYPED OR (RINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #											