

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001526 AF

DOCUMENT # **A94000000628**

1. Entity Name

MLP #1, LTD.

FILED

Principal Place of Business

1075 W. MORSE BLVD.  
WINTER PARK FL 32789

Mailing Address

1075 W. MORSE BLVD.  
WINTER PARK FL 32789

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

180 S Knowles

3. Mailing Address

180 S Knowles

Suite, Apt. #, etc.

7

Suite, Apt. #, etc.

7

City & State

Winter Park FL

City & State

Winter Park FL

4. FEI Number

59-3244094

Applied For

Not Applicable

Zip

32789

Country

Orange

Zip

32789

Country

Orange

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

INFANTINO, THOMAS V

180 S. KNOWLES AVE., SUITE 7

WINTER PARK FL 37789

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$500.00

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 # P99000056048  
NAME JULIANNE MANAGEMENT, INC.  
STREET ADDRESS SUITE 7, 180 SOUTH KNOWLES AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789

STREET ADDRESS 100003576141--9  
CITY-ST-ZIP 01/26/01--01039--001  
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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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)