## **2003 LIMITED PARTNERSHIP** NUNIFORM BUSINESS REPORT (UBR)

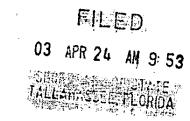
## A9400000635 **DOCUMENT #**

1. Entity Name CODINA FAMILY INVESTMENTS, LTD.



Principal Place of Business 355 ALHAMBRA CIRCLE. SUITE 900 CORAL GARLES EL 33134

Mailing Address 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GARLES EL 33134



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2. Principal Place of Business			3. Mailing Address			T TREATON COLO CONTRO DE LA COLO CONTRO CONT	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003	
City & State			City & State			4. FEI Number 65-0497762 Applied For Not Applicate	
Zip.	Country		Zip	Country		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent	
HENRY BI	FFFLER				Name		
		CLE, SUITE 900			Street Address (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134					<del></del>		
00101L W							
					City	FL Zip Code	
			r the purpose of cha	inging its registe	ered office or regist	stered agent, or both, in the State of Florida. I am familiar with, and accept	
the obligations of registered agent.  400016978914							
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if applicable.			04/24/0301079024 **\$26.25	
9. Capital Co as Shown	ntributions	\$49,500.00	10. Amount	t of Capital Cont RIDA to date.	tributions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
						STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION				13	<del></del> _	ADDRESS CHANGES ONLY	
DOCUMENT # P94000022789 CODINA INVESTMENTS, INC. STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134				STREET ADDRESS			
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14. Thereby o	certify that the	information supplied with	this filing does not d	qualify for the ex	emption stated in 9	Section 119.07(3)(i). Florida Statutes, I further certify that the information.	

I nereby dertily that the information supplied with this filling 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

County Type 1. The control of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

County Type 1. The control of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: B-SICKOLLE TOP COLLEGE

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4.8.03