

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 07, 2001 08:00 AM****Secretary of State****DOCUMENT # A94000001410****1. Entity Name****JOHN E. ABREO, JR. AND JACQUELINE H. ABREO LIMITED PARTNERSHIP****Principal Place of Business**

21086 SHADY VISTA LANE

BOCA RATON
33428

FL

Mailing Address

21086 SHADY VISTA LANE

BOCA RATON
33428

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number**65-0521992**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ABREO JOHN EJ.R.

21086 SHADY VISTA LANE

BOCA RATON

33428

US

FL

7. Name and Address of New Registered Agent

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)

03/07/2001

DATE

9. Capital Contributions

as Shown on record. 9,229,608.00

10. Amount of Capital Contributions

in FLORIDA to date. 9,229,608.00

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**

DOCUMENT #	ABREO JACQUELINE H
NAME	21086 SHADY VISTA LANE
STREET ADDRESS	BOCA RATON FL 33428
CITY-ST-ZIP	

DOCUMENT #	ABREO JOHN EJ.R.
NAME	21086 SHADY VISTA LANE
STREET ADDRESS	BOCA RATON FL 33428
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:**

John E. Abreo Jr.

Mr.

03/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)