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

Mailing Address 5815 SUNCREST DR

## A9500000122 **DOCUMENT#**

1. Entity Name
THE STANLEY YOUNG FAMILY LIMITED PARTNERSHIP

Principal Place of Business 5815 SUNCREST DR



APPROVEL AND FILED

03 JAN -8 PM 12: 18

SECRETARY OF STATE TABLAHASSEF, FLORIDA

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2. Principal	Place of Busin	ness	3. Mailing Addre	3. Mailing Address					
Suite, Apt	t. #, etc.	·	Suite, Apt. #,	Suite, Apt. #, etc.			DUE BY MAY 1, 2003		
City & Sta	ite		City & State	City & State		4. FEI Number <b>65-0552744</b> Applied For Not Applicable			
Zip	Country Zip			Cou	ntry	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			
NELSON, BARRY ESQ.					Name				
NELSON & LAFEMINA P.A.					Street Address (P.O. Box Number is Not Acceptable)				
2775 SUNNY ISLES BLVD., SUITE 118 NORTH MIAMI BEACH FL 33160					_				
				City		···		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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.  DATE									
9. Capital Contributions as Shown on record. \$1,000,000.00 10. Amount of Capital in FLORIDA to date					ributions 11. MAKE CHECK PAYABLE TO FL. 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 filled to change a general partner.									
12. GENERAL PARTNER INFORMATION					13. ADDRESS CHANGES ONLY				
DOCUMENT # NAME	P94000092701   STANLEY YOUNG FAMILY HOLDINGS, INC.				EET ADDRESS	<u>.</u>	110211200 013111020	3121	
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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: