

2001 UNIFORM BUSINESS REPORT (UBR)

0008855 AF

DOCUMENT # A95000001015
 1. Entity Name
PEDRERO FAMILY LIMITED PARTNERSHIP

FILED

Principal Place of Business: **3727 MONARCH DRIVE TAMPA FL 33618**
 Mailing Address: **3727 MONARCH DRIVE TAMPA FL 33618**

01 APR 16 PM 12:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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: **59-3313983**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
PEDRERO, ARTURO F
3727 MONARCH DRIVE
TAMPA FL 33618

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record: **\$12,857.64**
 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	
DOCUMENT #	
NAME	PEDRERO, ARTURO F
STREET ADDRESS	3727 MONARCH DRIVE
CITY-ST-ZIP	TAMPA FL 33618
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700004077157-1
CITY-ST-ZIP	-04/25/01 --01051--016
	****178.77 ****178.77
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: *Arturo F. Pedrero* **ARTURO F. PEDRERO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: **12 APR 11 001**
 Daytime Phone #: **813 9610198**

CR2E003 (11/00)