

2000 UNIFORM BUSINESS REPORT (UBR)

0012752 AF

DOCUMENT # A95000001457

1. Entity Name

AUGUST FAMILY LIMITED PARTNERSHIP

Principal Place of Business

6999 NE 8TH DR.
BOCA RATON FL 33487

Mailing Address

6999 NE 8TH DR.
BOCA RATON FL 33487-2414

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 25 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2034 NE. 155th St.

3. Mailing Address

2034 NE. 155th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Miami Beach, FL

City & State

N. Miami Beach, FL

4. FEI Number

65-0606406

Applied For

Not Applicable

Zip

Country

33162 DADE

Zip

Country

33162 DADE

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

GOLDING, STEPHEN M

1475 WEST CYPRESS CREEK ROAD, SUITE 204
FORT LAUDERDALE FL 33309

Name

Richard NELSON

Street Address (P.O. Box Number is Not Acceptable)

2034 N.E. 155th Street

City

N. Miami Beach FL

Zip Code

33162

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.

\$72,259.00

10. Amount of Capital Contributions
in FLORIDA to date.

200.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P95000069975
NAME RDN, INC.
STREET ADDRESS 1475 WEST CYPRESS CREEK ROAD, SUITE 204
CITY - ST - ZIP FORT LAUDERDALE FL 33309

STREET ADDRESS

2034 N.E. 155th STREET

CITY - ST - ZIP

N. Miami Beach, FL 33162

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

8000003256418-1

-05/17/00--01088--023

****141.25 ****141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)