


003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010607 AT

DOCUMENT # A95000002076

1. Entity Name
PEREA FAMILY PARTNERSHIP, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 15 PM 5:17

Principal Place of Business
**3198 NW 125TH ST
MIAMI FL 33167-2516**

Mailing Address
**3198 NW 125TH ST
MIAMI FL 33167-2516**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent
**THE HIGGINS GROUP CORP.
3198 NW 125 ST.
MIAMI FL 33167**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,790,852.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	PEREA, IGNACIO	STREET ADDRESS	700016693017
NAME	5851 SW 118TH AVE.	CITY-ST-ZIP	05/15/03 01000 001 **376.25
STREET ADDRESS	MIAMI FL 33183		
CITY-ST-ZIP			
DOCUMENT #	PEREA, MARIA T	STREET ADDRESS	700016693017
NAME	5851 SW 118TH AVE.	CITY-ST-ZIP	04/23/03 01000 000 **150.00
STREET ADDRESS	MIAMI FL 33183		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003 (10/02)

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:  **4-16-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #