


2001 UNIFORM BUSINESS REPORT (UBR)

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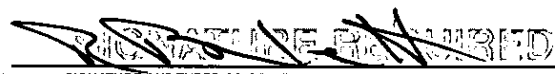
DOCUMENT # A96000000332			
1. Entity Name GARCIA FAMILY PARTNERSHIP, LTD.			
Principal Place of Business 601 NORTH NEW YORK AVENUE WINTER PARK FL 32789		Mailing Address 601 NORTH NEW YORK AVENUE WINTER PARK FL 32789	
2. Principal Place of Business Suite, Apt. #, etc. 201		3. Mailing Address Suite, Apt. #, etc. P.O. Box 201	
City & State Winter Park FL		City & State Winter Park FL	
Zip 32789	Country FLORIDA	Zip 32789	Country FLORIDA
6. Name and Address of Current Registered Agent ATLANTIC COAST MANAGEMENT, INC. 601 NORTH NEW YORK AVENUE WINTER PARK FL 32789		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. Capital Contributions as Shown on record. \$990.00		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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	V44833 ATLANTIC COAST MANAGEMENT, INC. 601 NORTH NEW YORK AVENUE WINTER PARK FL 32789	STREET ADDRESS CITY-ST-ZIP	400003819524--D -03/08/01--01110--007 ****141.25 ****141.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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:  **03-02-01 407647-4300**

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

CR2E003 (11/00)