2000	UNIF	OF	M BUS	INESS	REPOF	RT (U	BR)		,	APPRO			
DOCUMENT #		A9600000412 .					FILED						
·	Principal Place of Business			FAMILY PARTNERSHIP PETERS, L					00 MAR 31 AM 10: 32				
Principal Place of Business 2000 S.W. 56TH AVENUE PLANTATION FL 33317			Mailing Address 2000 S.W. 56TH AVENUE PLANTATION FL 33317-5940					SECRETARY OF STATE FALL-AHASSEE, FLORIDA  1/12					
2. Principal P	Place of Busines	 S		3. Mailing A	ddress	<del>-</del> :							
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE					
City & State			City & State					4. FEI Number	Applied For Not Applicable				
Zip		Cour	<u> </u>	Zip		Country			of Status Desired	□ F	8.75 Add ee Require		
	6. Name ar	nd Ac	dress of Current	Registered Ago	ent	Nar	me -	7. Name and A	Address of New R	legistered A	gent	<u> </u>	
KAPLAN, HARRY 2000 S.W. 56TH AVENUE PLANTATION FL 33317								(P.O. Box Number	is Not Acceptable	)			
	•••					City	y			FL	Zip Cod	le	
8. The above	named entity s	ımdı	s this statement to	the purpose of	f changing its re	gistered offic	ice or registe	ered agent, or both	, in the State of Flo	orida.			
SIGNATURE	_ ~	$\mathcal{V}$	h						, in the State of Flo	ect _	200	<b>D</b>	
	Signature, typed or pontributions on record.	7	name of registered agent a	ind title if applicable.  10. Am	(NOTE. R nount of Capital ( FLORIDA to date	Registered Agent Contribution	signature require	id when reinstating)	11. MAKE CHEC SEE REVER	DATE  CK PAYABLE SE SIDE FOR	TO DEPT. O	F STATE	
SIGNATURE .	Signature, typed or pontributions on record.	NEF	name of registered agent a \$0.00	10. Am	(NOTE R nount of Capital ( FLORIDA to date	Registered Agent Contribution  TY MUST	signature require	d when reinstating) TERED AND AC	11. MAKE CHEC SEE REVER	DATE  CK PAYABLE SE SIDE FOR	TO DEPT. O FEE INFOI	F STATE	
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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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP



MARCH

Date

Daytime Phone #