

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000997 AT

DOCUMENT # **A9600000985**



FILED

03 MAY -6 PM 8:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

1. Entity Name
NAOMI FAMILY PARTNERSHIP, LTD.

Principal Place of Business
**4600 N.W. 15TH CT.
MIAMI FL 33142-4117**

Mailing Address
**4600 N.W. 15TH CT.
MIAMI FL 33142-4117**



2. Principal Place of Business

3. Mailing Address
1098 NE 95th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State
Miami Shores Florida

4. FEI Number **65-0660008**

Applied For
Not Applicable

Zip

Country

33138 USA

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

**ADAMS, NAOMI A
4600 N.W. 15TH CT.
MIAMI FL 33142-4117**

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

DATE

9. Capital Contributions as Shown on record. **\$185,503.00**

10. Amount of Capital Contributions in FLORIDA to date. **5**

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 # NAME STREET ADDRESS CITY - ST - ZIP	P96000041844 NAOMI, INC. 4600 N.W. 15TH COURT MIAMI FL 33142-4117
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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

SIGNATURE: **Naomi Adams** **NAOMI A. ADAMS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-28-03
Date Daytime Phone #

CR2E003 (10/02)