954 - 923 - 3006-Daytime Phone #

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SMALUTE AND TYPEDOR PRINTED HAME OF SIGNING GENERAL PARTNER

SIAPLE CHECK HEKE

SIGNATURE: __

DOCUMENT # A9600001176 1. Entity Name 1836 FAMILY PARTNERSHIP, LTD.					· · · · · · · · · · · · · · · · · · ·	FILTE!)	2
Principal Place 1201 S. OCEA HOLLYWOOD	e of Business N DR., APT. 411-SOUTH FL 33019	Mailing Address 1201 S. OCEAN DR., APT. 411-SOUTH HOLLYWOOD FL 33019			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal F	Place of Business	3. Mailing Address				 			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & Stat	e	City & State			4. FEI Number 65-0686290		Applied Not Ap	d For	
Zip Country		Zip Cour		try	5. Certificate of	of Status Desired		3.75 Addition e Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Re	gistered Age	∍nt	
BARNETT, SUZANNE				Name					
1201 S. OCEAN DR., APT. 411-SOUTH				Street Address (P.O. Box Number is Not Acceptable)					
HOLLYWOOD FL 33019					50002025215 05/30/0301008016_**535_00				
				City			FL	Zip Code	ı
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing	its registere	ed office or regist	ered agent, or both	, in the State of Flori	da. I am fam	iliar with, and	accept
SIGNATURE :		· · · · · · · · · · · · · · · · · · ·							
	Signature, typed or printed name of registered agent	nitel Centril	· · · · · ·		44 MANUT OUTON	DATE TO	EL BERT OF	DTATE	
9. Capital Contributions as Shown on record. \$275,000.00 In FLORIDA to date				SEE REVERSE SIDE FOR FEE INFORMATION					
	A GENERAL PARTNER T NOTE: General Partners MA	THAT IS A BUSINESS AY NOT be changed or	ENTITY M n the form	UST BE REGIS ; an amendme	STERED AND AG ent must be filed	CTIVE WITH THIS I to change a ger	OFFICE. neral partne	er.	}
12.	GENERAL PARTNER	R INFORMATION	13.	<u> </u>		ADDRESS CHAI	NGES ONLY		
DOCUMENT # NAME ZIER, MICHAEL STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020		:	ET ADDRESS		· · · · · · · · · · · · · · · · · · ·	· .	·	CR2E003 (10/02)	
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14. I hereby of indicated	certify that the information supplied with on this report is true and accurate and	this filing does not qualify that my signature shall ha	tor the exer	mption stated in S legal effect as if	iection 119.07(3)(i), made under oath; i	, Florida Statutes. I f that I am a General I	urther certify Partner of the	that the inform limited partne	nation ership or