2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A96000001595 **DOCUMENT #**

1. Entity Name LETO BROTHERS FAMILY PARTNERSHIP, LTD.

STAPLE CHEUN HEME

SIGNATURE:



FILED

COSTARY OF STATE

MUH

Principal Place 5121 JACKSON HOLLYWOOD I		Mailing Address 5121 JACKSON STREET HOLLYWOOD FL 33021-7233		TALLAHASSEE FLORIDA
2. Principal Place of Business 3. Mailing Address 3100 STIRLING RD 3.00 STIRL			ING R	0 425
Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE BY MAY 1, 2003
City & Stat	3302-1	Gity & State HOLLYWOO	DFL	4. FEI Number 65-0694347 Applied For Not Applicable
3302	Country	33 ^z 821	Country DSA	5. Certificate of Status Desired S8.75 Additional Fee Regulred
1. Sign 1. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent				
GLASSER, GENE K			Name	ı
% ABRAMS, ANTON, ROBBINS, RESNICK ET AL			Street Ad	Idress (P.O. Box Number is Not Acceptable)
2021 TYLER ST.				
HOLLYWO	OOD FL 33022		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				
Ĺ <u> </u>	Signature, typed or printed name of registered agent a		Contributions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
9. Capital Contributions as Shown on record. 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 #	LETO, JOHN A SR.		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	5121 JACKSON STREET HOLLYWOOD FL 33021		CITY-ST-ZIP	
DOCUMENT #	LETO, PETER J SR.		STREET ADDRESS	.000017097160
STREET ADDRESS CITY-ST-ZIP	221 NURMI DRIVE FT. LAUDERDALE FL 33301		CITY-ST-ZIP	
DOCUMENT #			STREET ADDRESS	
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DOCUMENT #			STREET ADDRESS	
STREET ADORESS CITY-ST-ZIP			CITY-ST-ZIP	
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				