

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001721

1. Entity Name
THE HARRY M MALONE FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 28 PM 1:29



Principal Place of Business Mailing Address

2. Principal Place of Business 9950 NW 116TH WAY
3. Mailing Address 9950 NW 116TH WAY
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MEDLEY, FLA. City & State MEDLEY, FLA. 4. FEI Number 65-0780315 Applied For Not Applicable
Zip 33178 Country USA Zip 33178 Country USA 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MALONE, HARRY M.
9950 NW 116TH WAY
MEDLEY, FL. 33178
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record \$300000 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 # | A96000001721 | STREET ADDRESS | |
| NAME | MALONE, HARRY M | CITY-ST-ZIP | |
| STREET ADDRESS | 9950 NW 116TH WAY | | |
| CITY-ST-ZIP | MEDLEY, FL. 33178 | | |
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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: Harry Malone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR E0103 (0/00)