

# 2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A96000001721**

FILED

1. Entity Name

**THE HARRY M. MALONE FAMILY LIMITED PARTNERSHIP**

02 JAN 14 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MJM**

Principal Place of Business  
**9950 N.W. 116TH WAY  
MEDLEY FL 33178**

Mailing Address  
**9950 N.W. 116TH WAY  
MEDLEY FL 33178**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

**65-0780315**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**MALONE, HARRY M  
9950 N.W. 116TH WAY  
MEDLEY FL 33178**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$300,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **10000.00**

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>MALONE, HARRY M</b>	<b>9950 N.W. 116TH WAY</b>	<b>MEDLEY FL 33178</b>

STREET ADDRESS	CITY-ST-ZIP
<b>200004790182--0</b>	<b>-01/22/02--01127--019</b>
	<b>****1125 ****1425</b>
<b>158.75</b>	<b>158.75</b>

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 M. Malone* **HARRY M. MALONE** - 1/11/02 305-863-0400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (9/01)