

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010794

DOCUMENT # A96000001721



1. Entity Name
THE HARRY M. MALONE FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2/1/30

03 JAN 29 PM 3:19

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, 2003

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)

400011182864

City

01/29/03 01060-005 **158.75
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. **\$300,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **4 10000.00**

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 #	GENERAL PARTNER INFORMATION
NAME	MALONE, HARRY M
STREET ADDRESS	9950 N.W. 116TH WAY
CITY-ST-ZIP	MEDLEY FL 33178
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	ADDRESS CHANGES ONLY
CITY-ST-ZIP	
CITY-ST-ZIP	
CITY-ST-ZIP	
CITY-ST-ZIP	
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

SIGNATURE: *Harry M. Malone*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)