## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A9600001738  1. Entity Name						¥ (	- N	8519 · AF	
THE RAPISARDI FAMILY LIMITED PARTNERSHIP						FILED			
Principal Plac	e of Business			01	MAR -8 AM H: 2	c ()			
MR. JOHN RAI P. O. BOX 260 KEY WEST FL	Pisardi 31	Mailing Address P.O. BOX 2681 KEY WEST FL 33045				RETARY OF STATE	O 		
2. Principal Place of Business 13763 N.W. 18 CT				_		<b>i is</b> 18410 Baill <b>19</b> 11) Bol <sub>a</sub> a (1831 <b>191</b> 1) -	<b>                                    </b>		
Suite, Apt. #, etc. Suite, Apt. #, etc.				<u> </u>		DO.NOT.WRITE.IN.THI	S-SPACE—	<del></del>	
City & State PENBOKE PINES, FL City & State			·		4. FEI Number	65-0711349	Applied For Not Applicat	ole	
33028		Žip	Cour	ntry	5. Certificate of	of Status Desired	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
RAPISARDI, JOHN R				Street Add	Street Address (P.O. Box Number is Not Acceptable)			$\dashv$	
1706 PATRICIA STREET KEY WEST FL 33040			$\hat{}$					$\dashv$	
				City	·····	F	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  Signature, types or printer name or registered agent and utle if applicable. (NOTE: Registered Agent signature required when reinstating)									
9. Capital Co as Shown		10. Amount of Capita in FLORIDA to da	butions		11. MAKE CHECK PAYAB SEE REVERSE SIDE	LE TO DEPT. OF STATE FOR FEE INFORMATION			
	A GENERAL PARTNER TO NOTE: General Partners MA								
12.	' GENERAL PARTNER	INFORMATION	13.			ADDRESS CHANGES C	NLY	(30/12)	
NAME STREET ADDRESS	RAPISARDI, JOHN 1706 PATRICIA ST.			EET ADDRESS	13/63 N.W. 10th Court				
CITY-ST-ZIP DOCUMENT #	KEY WEST FL 33040		+		Franco		. FL. 3304	RZE003	
NAME STREET ADDRESS	RAPISARDI, THERESA 170 <del>6 PATRICIA ST.</del>		1	EET ADDRESS	3763 N	1.W. 18th	COUDT	$\dashv$ °	
DOCUMENT #	KEY-WEST FL 33040			7	WBTOKE	FINES FL	, 33028	_	
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STREET ADDRESS CITY-ST-ZIP				-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									
SIGNAT		PRINTED NAME OF SIGNING GENERAL	ED L PARTNE	ER		X Jour	Daytime Phone #	-	