

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

000238 AT

02 APR 12 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # A96000001738

1. Entity Name  
THE RAPISARDI FAMILY LIMITED PARTNERSHIP

Principal Place of Business Mailing Address  
13763 N.W. 18TH COURT P.O. BOX 2681  
PEMBROKE PINES FL 33028 KEY WEST FL 33045

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

RAPISARDI, JOHN R  
1706 PATRICIA STREET  
KEY WEST FL 33040

4. FEI Number 65-0711349 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City State Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida.

SIGNATURE DATE

9. Capital Contributions as Shown on record. \$3,920,000.00 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 # NAME STREET ADDRESS CITY-ST-ZIP	RAPISARDI, JOHN 13763 N.W. 18TH COURT PEMBROKE PINES FL 33028	STREET ADDRESS CITY-ST-ZIP	300005289869--0 -04/17/02--01064--006 ****526.25 ****526.25
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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: [Signature] 4/07/02 1-R-954-933-2858  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)