

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

02 APR 17 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000001826

1. Entity Name

FANO Limited Partnership

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20369 Hacienda Ct

Suite, Apt. #, etc.

3. Mailing Address

20369 Hacienda Ct

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

Boca Raton

City & State

Boca Raton

4. FEI Number

65,0698645

Applied For

Not Applicable

Zip

33498

Country

US

Zip

33498

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

Dennis G. Fano
Signature, typed or printed name of registered agent and title if applicable.

4-15-02
DATE

9. Capital Contributions
as Shown on record.

7,178,600

10. Amount of Capital Contributions
in FLORIDA to date.

5,000,000

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
FANO, Dennis Trustee
20369 Hacienda Ct
Boca Raton FL 33498

STREET ADDRESS

CITY-ST-ZIP

100005312441--7
-04/22/02--01032--025
*****437.50 *****437.50

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
Fano, Robert Trustee
20369 Hacienda Ct
Boca Raton FL 33498

STREET ADDRESS

CITY-ST-ZIP

100005312441--7
-04/22/02--01032--026

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

*****88.75 *****88.75

**DO NOT WRITE
IN THIS SPACE**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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:

Dennis G. Fano DENNIS G. FANO 4/3/02 (561) 852-7985

CR2E003B (12/01)