

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002222**

1. Entity Name
THE PANZARELLA FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**3145 WILLOW LANE
WESTON FL 33331**

Mailing Address
**3145 WILLOW LANE
WESTON FL 33331**

FILED

2003 APR 22 PM 2:28

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0715051	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PANZARELLA, ALBERT 3145 WILLOW LANE WESTON FL 33331		Name MATTHEW E. MORRALL P.A. Street Address (P.O. Box Number is Not Acceptable) SUITE PH-W 2455 E. SUNRISE BLVD. City FT. LAUD. FL Zip Code 33304	

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 Matthew E. Morrall DATE 3/21/03
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$10,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P93000077805	STREET ADDRESS	
NAME	PANZARELLA FAMILY INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	3145 WILLOW LANE		
CITY-ST-ZIP	WESTON FL 33331		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: SIGNATURE REQUIRED (Pres) 2/25/03 154-349-2078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

001137 AT

CR2E003 (10/02)

STAPLE CHECK HERE