

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A96000002322

1. Entity Name
The Charles L. Clements, Jr. Family
Limited Partnership

FILED

02 JUL 31 PM 4:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJJ

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11008 S.W. 77th Court Circle	3. Mailing Address Same	1/31 DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DUE BY MAY 1	
City & State Miami, Florida	City & State	4. FEI Number 65-0751614	Applied For Not Applicable
Zip 33156	Country USA	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent Name Charles L. Clements, III Street Address (P.O. Box Number is Not Acceptable) 9335 S. W. 116th Street	
		City Miami,	FL Zip Code 33156

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, typed or printed name of registered agent and title if applicable.	DATE	
9. Capital Contributions as Shown on record.	\$376,128.00	10. Amount of Capital Contributions in FLORIDA to date.	\$376,128.00
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 #	P96000094312	STREET ADDRESS	3000006832003
NAME	Clements Corporation	CITY-ST-ZIP	-08/05/02--01004--023
STREET ADDRESS	9335 S. W. 116th Street		****326.25 ****326.25
CITY-ST-ZIP	Miami, FL 33156		
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CITY-ST-ZIP			
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

07/09/02

Date

Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE