

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *A 96000002386*

1. Entity Name

The MRS Family Limited partnership

Principal Place of Business

*172 Barbados Drive
Jupiter FL 33458*

Mailing Address

*172 Barbados Drive
Jupiter FL
33458*

FILED

01 MAR 19 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

172 Barbados Drive

3. Mailing Address

172 Barbados Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jupiter FL

City & State

Jupiter FL

4. FEL Number

65-0730240

Applied For

Not Applicable

Zip

Country

33458

Zip

33458

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

*Mary R. Miller
172 Barbados Drive
Jupiter FL 33458*

7. Name and Address of New Registered Agent

Name

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

City

FL

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$930,600.

10. Amount of Capital Contributions
in FLORIDA to date.

\$930,600

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 # *P96000081904*
NAME *MRS GP INC*
STREET ADDRESS *172 Barbados Drive*
CITY-ST-ZIP *Jupiter FL 33458*

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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

Mary R. Miller, Pres

Date

3-16-2001 (561-691-9442)

Daytime Phone #

CR2E003 (11/00)