

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002497

1. Entity Name

PAWLIGER FAMILY LIMITED PARTNERSHIP

Principal Place of Business

6838 N.W. 77TH COURT
MIAMI FL 33166

Mailing Address

6838 N.W. 77TH COURT
MIAMI FL 33166

2. Principal Place of Business

12245 SW 132 Ct.

Suite, Apt. #, etc.

3. Mailing Address

12245 SW 132 Court

Suite, Apt. #, etc.

FILED

2002 APR 29 PM 6:24

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

City & State

Miami, Fl

City & State

Miami, Fl

Zip
33186

Country
USA

Zip
33186

Country
USA

4. FEI Number

65-0715795

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAWLIGER OPERATING PROPERTIES, INC.

6838 N.W. 77TH COURT
MIAMI FL 33166

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.

DATE

9. Capital Contributions
as Shown on record.

\$5,000,000.00

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

P96000102362
PAWLIGER OPERATING PROPERTIES, INC.
6838 N.W. 77TH COURT
MIAMI FL 33166

STREET ADDRESS

12245 SW 132 Court

CITY-ST-ZIP

Miami, Fl 33186

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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DOCUMENT #
NAME
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CITY-ST-ZIP

STREET ADDRESS

****526.25 ****526.25

CITY-ST-ZIP

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STREET ADDRESS

DOCUMENT #
NAME
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CITY-ST-ZIP

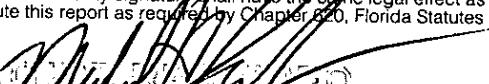
STREET ADDRESS

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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 820, Florida Statutes.

CR2E003 (9/01)

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

786-249-1100

Date

Daytime Phone #