

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0010088  
AT

**DOCUMENT # A96000002521**

1. Entity Name

D.R. FAMILY LIMITED PARTNERSHIP, LTD.

02 APR 10 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |
|--|--|
| Principal Place of Business<br>3510 CORAL WAY, SUITE 200<br>MIAMI FL 33145 | Mailing Address<br>3510 CORAL WAY, SUITE 200<br>MIAMI FL 33145 |
|--|--|



|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |                             |                               |
|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number<br>65-0756886 | Applied For<br>Not Applicable |
|--------------|--------------|-----------------------------|-------------------------------|

|     |         |     |         |  |
|-----|---------|-----|---------|--|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|-----|---------|-----|---------|--|

**DUE BY MAY 1, 2002**

**6. Name and Address of Current Registered Agent**

RESTREPO, PEDRO LUIS  
3510 CORAL WAY, SUITE 200  
MIAMI FL 33145

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|  |   |   |
|--|---|---|
| 9. Capital Contributions as Shown on record. <b>\$1,104,000.00</b> | 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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | RESTREPO, DARIO<br>3510 CORAL WAY, SUITE 200<br>MIAMI FL 33145          | STREET ADDRESS<br>CITY-ST-ZIP | 400005259054--0<br>-04/12/02-01116-019<br>***526.25 ***526.25 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | RESTREPO, MARIA CRISTINA<br>3510 CORAL WAY, SUITE 200<br>MIAMI FL 33145 | STREET ADDRESS<br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br>CITY-ST-ZIP |   |

CP2E003 (9/01)

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:** **Dario Restrepo** April 8, 2002 (305) 445-9555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #