

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002159 AV

DOCUMENT # A96000002522
 1. Entity Name
P.L.R. FAMILY LIMITED PARTNERSHIP, LTD.



FILED
 03 APR 18 PM 12:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**3510 CORAL WAY, SUITE 200
 MIAMI FL 33145**

Mailing Address
**3510 CORAL WAY, SUITE 200
 MIAMI FL 33145**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

DUE BY MAY 1, 2003

4. FEI Number **65-0756862** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RESTREPO, DARIO
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,104,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	RESTREPO, PEDRO LUIS
NAME	3510 CORAL WAY, SUITE 200
STREET ADDRESS	MIAMI FL 33145
CITY-ST-ZIP	
DOCUMENT #	RESTREPO, MARIA STELLA
NAME	3510 CORAL WAY, SUITE 200
STREET ADDRESS	MIAMI FL 33145
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400016321204
CITY-ST-ZIP	04/18/03--01039--006 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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]* **SIGNATURE REQUIRED** Pedro Luis Restrepo 04/14/03 (305) 445-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE