2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## A9700000053 DOCUMENT #

1. Entity Name FLC FAMILY LIMITED PARTNERSHIP

n/k/a

CARIATI FAMILY LIMITED PARTNERSHIP

Principal Place of Business 876 GULF PAVILLION #206 NAPLES FL 33963

Mailing Address 507 BROWNSTONE RIDGE MERIDEN CT 06451

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED 03 FEB 12 PM 12: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del></del>	<del>_</del> -			<del></del>	
City & State	<del>_</del>					DUE BY MAY 1, 2003			
Only & State		City & State			4. FEI Number	65-6233916			Applied For
Zip Country		Zip		ountry					Not Applicable
			.1		5. Certificate of	Status Desired	s Desired 🔲 💲		Additional quired
b. Nam	e and Address of Current	Registered Agent			7. Name and A	ddress of New Re	alstered	Agent	daned
CARIATI, ANITA T				Name			9.5.0164	Agent	<del>-</del>
876 GULF PAVILLION #206 NAPLES FL 34108			Street Address (P.O. Box Number is Not Acceptable)						
				City				T 7:	-
8. The above named enti- the obligations of regis	ty submits this statement fo tered agent.	r the purpose of changing	its register	ed office or regis	stered agent, or both, i	in the State of Flori	FL da. lam	<u>- L                                    </u>	vith, and accept
SIGNATURE									
Signature, typed	for printed name of registered agent a	and title if applicable.							
<ol><li>Capital Contributions as Shown on record.</li></ol>	\$3,325,000.00	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

12.	GENERAL PARTNER INFORMATION	40	endifient must be filed to change a general partner.
DOCUMENT #	T TO THE STANDARD ON	13.	ADDRESS CHANGES ONLY
NAME	CARIATI, ANITA T	STREET ADDRESS	
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	NAPLES FL 33963	C/TY-ST-ZIP	800012393956 02/12/0301082001 **526.25
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NAME .	DRAUSS, ELAIN C	STREET ADDRESS	
STREET ADDRESS	341 EDGEMARK ACRES		
CITY-ST-ZIP	MERIDEN CT 06451	CITY-ST-ZIP	
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14. I hereby ce	rtify that the information assertion is a little of		

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