2002 UNIFORM	BUSIŅESS	REPORT	(UBR
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OOCUMEN	1 1	# /NO/UL	MOUU I JU
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1. Entity Name

SEDLEY FAMILY LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

2101-SOUTH OCEAN DRIVE, BLDG. 4, NO. 2303 HOLLYWOOD FL 33019

2101-SOUTH OCEAN DRIVE, BLDG. 4, NO. 2303

HOLLYWOOD FL 33019

APPROVE

02 MAY 23 PM 12: 39

SECRETARY OF STATE TALL'AHASSEE, FLORIDA

· · · · · · · · · · · · · · · · · · ·								
2. Principal F Go SCHWE	Place of Business IDEA, 7860 PETERS 149	3. Mailing Address 90 SCHNEIDER	7860	PETERS A			UNSIL GOIDLEIBID   BIDL 1915   UN	
Suite, Apt.		Suite, Apt. #, etc.			DUE BY MAY 1, 2002			
	natur tu	City & State		レ	4. FEI Numbe	58-2148742	Applied For Not Applicab	le
<sup>zin</sup> 333	24- Country WSW -	Zip 33324	Coun	15 B	5. Certificate	of Status Desired.	\$8.75 Additional Fee Required	7
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New Registered Agent			
				Name AUL F SCHWEDDER-COR				
COHN, ALAN B				Street Address (P.O. Box Number is Not Acceptable)				
	AMS, ANTON, ET AL			7860 VETERS NO				
	ER STREET			<u> </u>	110			- 1
HOLLYWO	OOD FL 33022			City 0.0	, <u></u>	n Fl	Zip Code	$\dashv$
					MALLO	, ,	- 35324	
SIGNATURE.	named entity submits this statement for Signature, type or printed name of registered agent and		egistere	d office or register	red agent, or both	i, in the State of Florida.	102	
9. Capital Coas Shown	380 911 2002 201	10. Amount of Capital in FLORIDA to da		utions		11. MAKE CHECK PAYABL SEE REVERSE SIDE FO		
•	A GENERAL PARTNER TH NOTE: General Partners MAY	AT IS A BUSINESS ENT NOT be changed on the	FITY MI e form:	JST BE REGIST an amendmen	TERED AND A	CTIVE WITH THIS OFFIC	· E	
12.	GENERAL PARTNER I		13.			ADDRESS CHANGES ON		┥
DOCUMENT #		-	erpec	T ADDRESS			·	그들
NAME	SEDLEY, NATHAN T TRUSTEE		STALL	1 Address			•	6
STREET ADDRESS CITY-ST-ZIP	2101 SOUTH OCEAN DRIVE, BLDO HOLLYWOOD FL 33019	j. 4, NO. 2303	CITY-	ST-ZIP				CR2E003 (9/01
DOCUMENT #			Avarr	T 1000500				ᅱ꾡
NAME	SEDLEY, DINA TRUSTEE		SINEE	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP	70	10005678	2072	亅、
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NAME .			SINCE	T ADDRESS		****526.25	****526,25	-
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP			<del></del>	
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NAME			STREE	F ADDRESS				
STREET ADDRESS			CITY-S	T_7IP		**************************************	**	7
CITY-ST-ZIP			0111					-
DOCUMENT #			STREE	ADDRESS				7
NAME STREET ADDRESS							· · · · · · · · · · · · · · · · · · ·	_
CITY-ST-ZIP			CITY-S	it-zip				
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NAME "			STREET	ADDRESS				
STREET ADDRESS 1			<b>I</b>					<b>→</b>

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

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP