

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000204**

1. Entity Name
ANTUN FAMILY PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 AM 9:44

Principal Place of Business: **3057 VIA NAPOLI DEERFIELD BEACH FL 33442**
Mailing Address: **3057 VIA NAPOLI DEERFIELD BEACH FL 33442-8625**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0744058** Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRADEN, LISA
1660 SOUTHERN BLVD., STE D
WEST PALM BEACH FL 33406**

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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: **\$3,486,373.00** 10. Amount of Capital Contributions in FLORIDA to date: **\$3,486,373.00** 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	REDNOR, JOAN TRUSTEE 3057 VIA NAPOLI DEERFIELD BEACH FL 33442
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	REDNOR, JOAN 3057 VIA NAPOLI DEERFIELD BEACH FL 33442
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	REDNOR, CHARLES 3057 VIA NAPOLI DEERFIELD BEACH FL 33442
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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STREET ADDRESS	000003136500--0
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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: *Joan Rednor*
JOAN REDNOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/16/2000 954-481-2538
Date Daytime Phone #

CR2E003 (9/99)