


2001 UNIFORM BUSINESS REPORT (UBR)

0008116 AF

DOCUMENT # A97000000204
1. Entity Name
 ANTUN FAMILY PARTNERS, LTD.

FILED
 01 FEB 15 AM 11:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 3057 VIA NAPOLI
 DEERFIELD BEACH FL 33442

Mailing Address
 3057 VIA NAPOLI
 DEERFIELD BEACH FL 33442

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0744058
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 BRADEN, LISA
 1660 SOUTHERN BLVD., STE D
 WEST PALM BEACH FL 33408

7. Name and Address of New Registered Agent
 Name: BRADEN, LISA
 Street Address (P.O. Box Number is Not Acceptable): 4623 FOREST HILL BLVD
 WEST PALM BEACH FL 33415
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$3,486,373.00
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	
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	
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	
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 REQUIRED *1/15/00* *954-481-2538*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)