

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003973 AV

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



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 JAN 22 AM 10:08
 4/1/27

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
 3057 VIA NAPOLI

3. Mailing Address
 3057 VIA NAPOLI

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
 DEERFIELD BEACH FL

City & State
 DEERFIELD BEACH FL

4. FEI Number 65-0744058
 Applied For Not Applicable

Zip 33442 **Country** USA

Zip 33442 **Country** USA

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

6. Name and Address of Current Registered Agent
 BRADEN, LISA
 4623 FOREST HILL BLVD.
 WEST PALM BEACH FL 33415

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. **\$3,486,373.00**

10. Amount of Capital Contributions in FLORIDA to date. **3,486,373.00**

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 #	NAME
NAME	REDNOR, JOAN TRUSTEE
STREET ADDRESS	3057 VIA NAPOLI
CITY-ST-ZIP	DEERFIELD BEACH FL 33442
DOCUMENT #	NAME
NAME	REDNOR, JOAN
STREET ADDRESS	3057 VIA NAPOLI
CITY-ST-ZIP	DEERFIELD BEACH FL 33442
DOCUMENT #	NAME
NAME	REDNOR, CHARLES
STREET ADDRESS	3057 VIA NAPOLI
CITY-ST-ZIP	DEERFIELD BEACH FL 33442
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400010409104
CITY-ST-ZIP	01/22/03--01025--013 **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 REQUIRED (JOAN REDNOR) 1/11/03 954-481-2538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)