

**001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

01 JUN -7 PM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A97000000701**

1. Entity Name  
**THE BERNARDO FORT AND LAURINDA SPEAR FAMILY LIMI**

Principal Place of Business <b>550 BRICKELL AVENUE, SUITE 200 MIAMI FL 33131</b>	Mailing Address <b>550 BRICKELL AVENUE, SUITE 200 MIAMI FL 33131</b>
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>65-0737566</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FORT, BERNARDO  
550 BRICKELL AVENUE, SUITE 200  
MIAMI FL 33131**

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. <b>\$5,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #		STREET ADDRESS	
NAME	<b>FORT, BERNARDO</b>	CITY-ST-ZIP	<b>MIAMI FL 33131</b>
STREET ADDRESS	<b>550 BRICKELL AVENUE, SUITE 200</b>		
CITY-ST-ZIP	<b>MIAMI FL 33131</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>FORT, LAURINDA S</b>	CITY-ST-ZIP	<b>MIAMI FL 33131</b>
STREET ADDRESS	<b>550 BRICKELL AVENUE, SUITE 200</b>		
CITY-ST-ZIP	<b>MIAMI FL 33131</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>BK</b>	CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	<b>MIAMI FL 33131</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	<b>MIAMI FL 33131</b>
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER \_\_\_\_\_ Date \_\_\_\_\_ Document Phone # \_\_\_\_\_