

DD0052281 JV

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000897**
 Entity Name
ANGEL FAMILY LIMITED PARTNERSHIP #1, LTD.

APPROVED
AND
FILED

00 APR -3 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mylin



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 GALT OCEAN DRIVE
 LAUDERDALE FL 33308

Mailing Address
 3900 GALT OCEAN DRIVE
 FORT LAUDERDALE FL 33308-6631

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

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

4. FEI Number **65-0748085** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ANGEL, MAX
3900 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Max Angel* DATE *2-28-2000*
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

Capital Contributions as Shown on record. **\$4,000,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **NONE** 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.

GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ANGEL, MAX 3900 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ANGEL, MARY 3900 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308	STREET ADDRESS CITY-ST-ZIP	8000003214028--9 -04/19/00--01017--012 ***141.25 ***141.25
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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** DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)