

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000927**

1. Entity Name

TORNBERG FAMILY LIMITED PARTNERSHIP

FILED

02 FEB 18 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 19667 TURNBERRY WAY, SUITE 11 J, AVENTURA FL 33180
Mailing Address: 19667 TURNBERRY WAY, SUITE 11 J, AVENTURA FL 33180

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 **65-0748804** Applied For Not Applicable

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

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELSON, BARRY A ESQ.
C/O NELSON & LA FEMINA
19495 BISCAYNE BLVD., SUITE 609
N. MIAMI BEACH FL 33180**

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

9. Capital Contributions as Shown on record. **\$1,800,000.00** 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000023335**
NAME **TORNBERG FAMILY HOLDINGS, INC.**
STREET ADDRESS **19667 TURNBERRY WAY, SUITE 11 J**
CITY-ST-ZIP **AVENTURA FL 33180**

STREET ADDRESS
CITY-ST-ZIP

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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: **2/14/02** Daytime Phone #: **305-933-4633**

CR2E003 (9/01)

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