


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002186 AV

**DOCUMENT # A97000001097**

1. Entity Name  
**HELEN ROSE TENDRICH FAMILY, LTD.**



FILED  
03 APR 11 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 8375 SW 106 STREET MIAMI FL 33156-3567	Mailing Address 8375 S.W. 106TH STREET MIAMI FL 33156
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**DUE BY MAY 1, 2003**

4. FEI Number <b>65-0752606</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**TENDRICH, HOWARD**  
11355 SOUTH DIXIE HIGHWAY  
MIAMI FL 33156

**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. <b>\$3,455,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. 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 #	NAME <b>TENDRICH, HELEN ROSE TRUSTEE</b>	STREET ADDRESS	
	STREET ADDRESS <b>8375 S.W. 106TH STREET</b>	CITY-ST-ZIP	
	CITY-ST-ZIP <b>MIAMI FL 33156</b>		
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	CITY-ST-ZIP		

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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 *4/11/03* Daytime Phone # \_\_\_\_\_

CR2E003 (10/02)