

2001 UNIFORM BUSINESS REPORT (UBR)

0013277 AF

DOCUMENT # **A97000001339**

1. Entity Name

THE MARY W. ELLIS FAMILY LIMITED PARTNERSHIP

FILED

01 APR 23 AM 10:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 11377 SW 84 ST. SUITE 228 MIAMI FL 33173	Mailing Address 6008 N. ISLAND HARBOR ROAD SEBASTIAN FL 32958-4710
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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

4. FEI Number 65-0764618	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOPKINS, MARY W 11377 SW 84 ST, SUITE 228 MIAMI FL 33173		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$24,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	HOPKINS, MARY W 11377 SW 84 ST, SUITE 228 MIAMI FL 33173	STREET ADDRESS	0000004164100--2 -05/09/01--01012--015 ****256.75 ****256.75
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	GOLDEN, FRANCES 6008 N. ISLAND HARBOR ROAD SEBASTIAN FL 32958	STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *X* **SIGNATURE REQUIRED** *X* **4-1-01** **561-589-2890**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)