

2001 UNIFORM BUSINESS REPORT (UBR)

00500000
AT

DOCUMENT # A97000001468
 1. Entity Name
THE VALLADARES FAMILY LIMITED PARTNERSHIP

FILED

01 AUG 27 PM 12:17

SECRETARY OF STATE
 TALU



Principal Place of Business: **1200 DUVAL STREET, KEY WEST FL 33040**
 Mailing Address: **1200 DUVAL STREET, KEY WEST FL 33040**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **65-0762115**
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VALLADARES, ARTHUR L
1200 DUVAL STREET
KEY WEST FL 33040

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$1,346,000.00**
 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	
DOCUMENT #	297837
NAME	VALLADARES & SON, INC.
STREET ADDRESS	1200 DUVAL STREET
CITY-ST-ZIP	KEY WEST FL 33040
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200004566312--5
CITY-ST-ZIP	-08/31/01--01062--024 ****926.25 ****926.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (5/01)

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: *Arthur L Valladares* **REQUIRED** Date: 08/24/01 Daytime Phone #: (305) 296-5032

STAPLE CHECK HERE