2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	A97000001468
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1. Entity Name

THÉ VALLADARES FAMILY LIMITED PARTNERSHIP



FILED

FEB -6 AM 9 00

1200 DUVAL S KEY WEST FL 2. Principal I	. 33040 Place of Business	Mailing Address 1200 DUVAL STREET KEY WEST FL 33040 3. Mailing Address		rs T,	SEGRETARY OF STATE ALLAHASSEE, FLORIDA	
Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE BY MAY 1, 2003		
City & Sta	te	City & State	· .		4. FEI Number 65-0762115 Applied For	_
Z ip	Country	Zip	Countr	ту	5. Certificate of Status Desired \$8.75 Additional	ole
	6. Name and Address of Curren	t Registered Agent	<u> </u>	·	Fee Required 7. Name and Address of New Registered Agent	
1200 DUV	RES, ARTHUR L AL STREET T FL 33040			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 Signature, typed or printed name of registered agent and title if applicable.						
9. Capital Co as Shown		10. Amount of Capita in FLORIDA to da	al Contribu ate.	utions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATI SEE REVERSE SIDE FOR FEE INFORMATION	:
	A GENERAL PARTNER	THAT IS A BUSINESS ENT	TITY MU	ST BE REGIS	TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.	
12.	GENERAL PARTNE	R INFORMATION	13.	an amenumer	ADDRESS CHANGES ONLY	_
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	297837 Valladares & Son, Inc. 1200 Duval Street Key West Fl 33040		STREET CITY-ST	ADDRESS T-ZIP	200011125212 02/06/03 91000 003 **88.75	
DOCUMENT # NAME			STREET	ADORESS	200011125212	
STREET ADDRESS CITY-ST-ZIP			CITY-ST	T-ZIP	<u> </u>	_
DOCUMENT # NAME			STREET	ADDRESS		
STREET ADDRESS City-St-Zip			CITY-ST	r-ZIP		
DOCUMENT # NAME			STREET A	ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST	- ZIP		7
DOCUMENT # NAME			STREET A	ADDRESS		7
STREET ADDRESS CITY-ST-ZIP			CITY-ST-	-ZIP		7
DOCUMENT # NAME			STREET A	ADDRESS		1
STREET ADDRESS			CITY-ST-			
indicated a	ertify that the information supplied with	this filing does not qualify for the	he exemp	tion stated in Sec	ction 119.07(3)(i), Florida Statutes. I further certify that the information	7

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTINER

1-27-03

35-296-5032