

2003

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A 9700000 2381

1. Entity Name

MIRON'S FAMILY LIMITED PARTNERSHIP


 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 FEB -6 AM 11:42

 WC
 2/12

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10375 SAWPIT RD

3. Mailing Address

10375 SAWPIT RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32226

Country

USA

Zip

32226

Country

USA

4. FEI Number

65-0791077

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

BARB KELLEY

Street Address (P.O. Box Number is Not Acceptable)

10375 SAWPIT RD

City

JACKSONVILLE

FL

Zip Code

32226

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

Barb Kelley / BARB KELLEY

2-01-03

DATE

9. Capital Contributions

as Shown on record.

494,205

10. Amount of Capital Contributions

in FLORIDA to date.

-0-

 11. MAKE CHECK PAYABLE TO FL. 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 # P 970000 66404
 NAME M M PLASKOV, INC
 STREET ADDRESS 10375 SAWPIT RD
 CITY-ST-ZIP JACKSONVILLE, FL 32226

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

80001 1894088

02/06/03--01008--013 **150.00

STREET ADDRESS

CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CR2E003B (12/02)

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:

Barb Kelley / BARB KELLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-01-03

Date

904-714-3800

Daytime Phone #