# LIMITED PARTNERSHIP
# UNIFORM BUSINESS REPORT (UBR)

FILED
02 MAY -1 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000002949

1. Entity Name
The Suarez Family Limited Partnership

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 301 Pacific Road<br>Suite, Apt. #, etc. | 301 Pacific Road<br>Suite, Apt. #, etc. |
| City & State: Key Biscayne, FL | City & State: Key Biscayne, FL |
| Zip: 33149 Country: | Zip: 33149 Country: |

DUE BY MAY 1

4. FEI Number: 65-0842177 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Trescott, Robert L.

Street Address (P.O. Box Number is Not Acceptable): 2121 Ponce De Leon Blvd.
Suite 900

City: Coral Gables FL Zip Code: 33134

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

| 9. Capital Contributions as Shown on record. | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|
| $400,000.00 | | |

**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 # | |
| NAME | Suarez, Gaston M |
| STREET ADDRESS | 301 Pacific Road |
| CITY-ST-ZIP | Key Biscayne, FL 33149 |
| DOCUMENT # | |
| NAME | Suarez, Marta N |
| STREET ADDRESS | 301 Pacific Road |
| CITY-ST-ZIP | Key Biscayne, FL 33149 |
| DOCUMENT # | |
| NAME | |
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| STREET ADDRESS | 900005556459--6<br>-05/17702--01026--010 |
| CITY-ST-ZIP | ****526.25 ****526.25 |
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CR2E003B (12/01)

STAPLE CHECK HERE

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] GASTON SUAREZ 4/28/02 (305) 591-8050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #