

2002 UNIFORM BUSINESS REPORT (UBR)

001.105 .1

DOCUMENT # **A98000000010**

1. Entity Name
PENTEL FAMILY PARTNERSHIP, LTD.

FILED

02 JAN 16 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**20 OPEN GULF STREET
DESTIN FL 32541**

Mailing Address
**682 BAYSHORE DRIVE
DESTIN FL 32541**

2. Principal Place of Business
682 Bayshore DR

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
Destin FL

City & State

4. FEI Number
59-3546819

Applied For
Not Applicable

Zip
32550

Country

Zip
32550

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PENTEL, LAURANCE F
682 BAYSHORE DRIVE
DESTIN FL 32541**

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

9. Capital Contributions as Shown on record. **\$3,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PENTEL BEATRICE 20 OPEN GULF STREET DESTIN FL 32541	STREET ADDRESS CITY-ST-ZIP	682 Bayshore DR Destin FL 32550
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	Pentel LLC amendment 1-16-02	STREET ADDRESS CITY-ST-ZIP	800004782858--9 -01/17/02--01067--009 ***193.75 ***** 141.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	FF \$141.25
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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 REQUIRED LLC** 1-14-02 850-837-6860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)