

## 2001-2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 12 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DUE BY MAY 1, 2002

DOCUMENT # A98-33

1. Entity Name

KRANE, FAMILY LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

3004 LAKE POINTE PLACE  
DAVIE, FL 333283004 LAKE POINTE PLACE  
DAVIE, FL 33328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

DAVIE FL

33328

FLORIDA

4. FEI Number

65-0800139

Applied For

Not Applicable

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

MARLANE T. KRANE  
3004 LAKE POINTE PLACE  
DAVIE, FL 33328

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

Signature, typed or printed name of registered agent and date of registration.

Date

9. Capital Contributions  
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATIONA 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-ZIPKRANE, MARLANE T.  
3004 LAKE POINTE PLACE  
DAVIE, FL 33328STREET ADDRESS  
CITY-ST-ZIP3004 LAKE POINTE PLACE  
DAVIE, FL 33328DOCUMENT #  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP~~800005766608~~  
~~06/14/02-01013-008~~  
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06/14/02-01013-009  
\*\*\*\*141.25 \*\*\*\*141.25DOCUMENT #  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 820, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-4-02

Date

Business Phone #

Marlane Krane

STAPLE CHECK HERE

290

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Kranc Family Limited Partnership  
3004 Lake Pointe Place  
Davie, FL 33328  
EIN 65-0800139  
Annual Report

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To Whom It May Concern:

I am requesting that the above referenced partnership be reinstated and the penalties abated for the following reason.

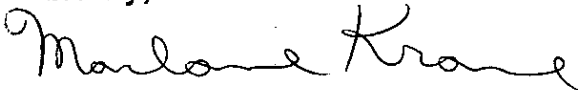
I have always filed on time any papers that were received from the State of Florida. During the year 2000 we moved to a new location. In 2001 an annual report was never received. I filled out a blank form in 2001, just as was done in 2002. It seems the original annual report was never forwarded to my new address. Also, a final notice was never received from the State.

Please accept my payment of \$ 141.25 for the 2002 report, and a payment of \$ 141.25 for the 2001 report that was never received by your office.

Hopefully this will never happen again. I always try my best to do whatever is required.

--Please change your records to my new address.

Sincerely,



Marlane T. Krane