

**2001 UNIFORM BUSINESS REPORT (UBR)**

0005731 AF

**DOCUMENT # A98000001468**  
 1. Entity Name  
**THE LLANES FAMILY LIMITED PARTNERSHIP**

*526.25*  
**FILED**  
 07 MAR -7 AM 11:51  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
 11880 SW 40TH ST., #316 11880 SW 40TH ST., #316  
 MIAMI FL 33175 MIAMI FL 33175



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **65-0988310** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**LLANES, FRANKLYN A**  
**11880 SW 40TH ST., #316**  
**MIAMI FL 33175**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$342,000.00**

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	
DOCUMENT #	
NAME	<b>LLANES, FRANKLIN A</b>
STREET ADDRESS	<b>11880 SW 40TH ST., #316</b>
CITY-ST-ZIP	<b>MIAMI FL 33175</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

**100003829131-3**  
**-03/09/01-0132-015**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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]* **FRANKLIN A LLANES**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)