

APPROVED
AND
FILED

03 APR -2 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A9800001468

1. Entity Name
THE LLANES FAMILY LIMITED PARTNERSHIP



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

Mailing Address
11880 SW 40TH ST., #316
MIAMI, FL 33175

2. Principal Place of Business
9845 S.W. 40 ST.

3. Mailing Address
9845 S.W. 40 ST

Suite, Apt. #, etc.



DUE BY MAY 1, 2003

City & State
MIAMI, FL

City & State
MIAMI, FL

ZIP
33165

Country
DADE

Country
DADE

4. FEI Number
65-0988310

Applied For
 Not Applicable

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

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

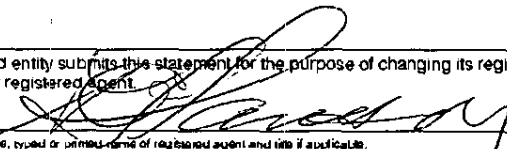
Street Address (P.O. Box Number is Not Acceptable)
9845 SW 40 street

City
MIAMI

State
FL

Zip Code
33165

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  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.

**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 #	LLANES, FRANKLIN A
NAME	11880 SW 40TH ST., #316
STREET ADDRESS	MIAMI, FL 33175
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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	600015047726
CITY-ST-ZIP	04/02/03--01004--019 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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)(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:  **FRANKLIN A. LLANES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

officer **3/14/03** **305 229-1660**

Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)