


2001 UNIFORM BUSINESS REPORT (UBR)

0006244 AF

DOCUMENT # A98000001571			
1. Entity Name GOODMAN FAMILY LIMITED PARTNERSHIP			
Principal Place of Business C/O EVELYN GOODMAN 6245 S.W. 117TH TERRACE MIAMI FL 33156		Mailing Address C/O EVELYN GOODMAN 6245 S.W. 117TH TERRACE MIAMI FL 33156	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GOODMAN, EVELYN 6245 SW 117 TERRACE MIAMI FL 33156		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 _____			
9. Capital Contributions as Shown on record. \$1,700,000.00		10. Amount of Capital Contributions in FLORIDA to date. 365,431	
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	P98000057461 GOODMAN GENERAL PARTNER, INC. 6245 S.W. 117TH TERRACE MIAMI FL 33156	STREET ADDRESS CITY-ST-ZIP	
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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: Evelyn Goodman		Date: 2/24/01 Daytime Phone #: (305) 661-8458	

FILED
01 MAR -5 AM 10:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)