

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0005366
AF

DOCUMENT # **A98000001717**

1. Entity Name
THE LONGWILL LIMITED PARTNERSHIP

01 MAY -1 PM 6:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
6620 S.W. 92ND STREET MIAMI FL 33156



DO NOT WRITE IN THIS SPACE

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

4. FEI Number **65-0902294** Applied For Not Applicable

Zip Country Zip 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**

BLAKEMAN, RICHARD R
5355 TOWN CENTER ROAD, SUITE 801
BOCA RATON FL 33486

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 _____ (NOT Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$150,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **0** 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
	LONGWILL, DEBORAH	6620 S.W. 92ND STREET	MIAMI FL 33156
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	688884287586-8
CITY-ST-ZIP	-05/22/01--01086--014
	****150.00 ****150.00
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: Deborah Longwill Date: 4/30/01 305 279 7546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CFR2E003 (11/00)