

**2 UNIFORM BUSINESS REPORT (UBR)**

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**DOCUMENT # A98000001717**

FILED

02 MAR 18 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MJH



1. Entity Name  
**THE LONGWILL LIMITED PARTNERSHIP**

Principal Place of Business <b>6620 S.W. 92ND STREET MIAMI FL 33156</b>	Mailing Address <b>6620 S.W. 92ND STREET MIAMI FL 33156</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0902294</b>	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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**DUE BY MAY 1, 2002**

6. Name and Address of Current Registered Agent  
**BLAKEMAN, RICHARD R  
5355 TOWN CENTER ROAD, SUITE 801  
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent  
Name **DEBORAH LONGWILL**  
Street Address (P.O. Box Number is Not Acceptable)  
**7765 S.W. 87 AVE, SUITE 212**  
City **MIAMI** FL Zip Code **33173**

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 *Deborah Longwill* **PRES.** DATE **3/12/02**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>LONGWILL, DEBORAH 6620 S.W. 92ND STREET MIAMI FL 33156</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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* **2/20/02** **305/264 5252**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE