

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001717



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -9 PM 12: 58

1. Entity Name
THE LONGWILL LIMITED PARTNERSHIP

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

Mailing Address
6620 S.W. 92ND STREET
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

2/2



PLEASE PRINT DATE: 2003

4. FEI Number **65-0902294**

Applied For
Not Applicable

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

LONGWILL, DEBORAH
7765 S.W. 87 AVE., SUITE 212
MIAMI FL 33173

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

9. Capital Contributions
as Shown on record.

\$150,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$0

TAKES CHECK PAYABLE TO DEPT OF STATE
SECRETARY OF STATE FOR 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	
	Longwill-Fox Children's Trust		
STREET ADDRESS	6620 S.W. 92nd Street	CITY-ST-ZIP	
CITY-ST-ZIP	Miami, Florida 33156		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____

Deborah Longwill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/30/03

1/16/03

305/279 7546

Date

Daytime Phone #

DUPLICATE CHECK HERE