

2002 UNIFORM BUSINESS REPORT (UBR)

0000179 AT

DOCUMENT # A98000002328

1. Entity Name

AUDREY STERN FAMILY PARTNERSHIP, LTD.

Principal Place of Business
330 NORTH BROADWAY AVENUE
ORLANDO FL 32803

Mailing Address
330 NORTH BROADWAY AVENUE
ORLANDO FL 32803

FILED
02 JUL -3 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		3. Mailing Address		DUE BY SEPTEMBER 25, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3536854	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STERN, WILLIAM M 330 NORTH BROADWAY AVENUE ORLANDO FL 32803		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____	
9. Capital Contributions as Shown on record. \$990.00	10. Amount of Capital Contributions in FLORIDA to date. 990.00	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 #	STERN, AUDREY TRUSTEE 330 NORTH BROADWAY AVENUE ORLANDO FL 32803	STREET ADDRESS	100006250601--8 -07/08/02--01060--006 ****541.25 ****541.25
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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: Audrey Stern Date: 7/01/02 Daytime Phone #: 407 481 0004

CR2E003 (4/02)