

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002627

1. Entity Name

ABUZA FAMILY LIMITED PARTNERSHIP

FILED

00 FEB 15 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 490 NORTH SHORE ROAD, APT. 1 LONGBOAT KEY FL 34228	Mailing Address P.O. BOX 70 LONGBOAT KEY FL 34228-0070
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0879910	APPLIED FOR	Applied For
		Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ABUZA, ZACHARY P
490 NORTH SHORE ROAD, UNIT #1
LONGBOAT KEY FL 34228

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
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10. Amount of Capital Contributions in FLORIDA to date.	1,700,000
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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 #	P98000099482
NAME	ABUZA ENTERPRISES, INC.
STREET ADDRESS	490 NORTH SHORE ROAD, APT. 1
CITY - ST - ZIP	LONGBOAT KEY FL 34228
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	5000003149926-6
CITY - ST - ZIP	-02/28/00--01117--024
STREET ADDRESS	****526.25 ****526.25
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: ABUZA ENTERPRISES, INC. by ZACHARY P. ABUZA, PRES 941-383-4030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER 2/8/00/ Daytime Phone #

CR2E003 (9/99)