

2000 UNIFORM BUSINESS REPORT (UBR)

BOOKS AF

DOCUMENT # .A99000000138

1. Entity Name

ELMES FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APR 18 AM 11:43

Principal Place of Business
1448 SE 13TH STREET
FORT LAUDERDALE FL 33316

Mailing Address
1448 SE 13TH STREET
FORT LAUDERDALE FL 33316-2210



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEJ Number 65-0897039	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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	
ELMES, TIMOTHY 1448 SE 13TH STREET FORT LAUDERDALE FL 33316		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. \$150,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$42,000.00

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 # NAME STREET ADDRESS CITY - ST - ZIP	ELMES, TIMOTHY 1448 SE 13TH STREET FORT LAUDERDALE FL 33316	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	ELMES, TRISTINA 1448 SE 13TH STREET FORT LAUDERDALE FL 33316	STREET ADDRESS CITY - ST - ZIP	200003242632--0 -05/08/00--01095--003 ****382.75 ****382.75
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	ELMES, CHRIS 1448 SE 13TH STREET FORT LAUDERDALE FL 33316	STREET ADDRESS 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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Tristina M. Elmes, G.P. 4/15/00 954-525-9435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Tristina - M. Elmes, G.P.

(66/6/120) 1-0