## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # A9900000262

1. Entity Name
THE MANUEL TRIANA, JR., FAMILY LIMITED PARTNERSH
IP

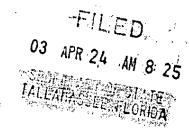


Principal Place of Business 6395 S.W. 96TH STREET MIAMI FL 33156

2. Principal Place of Business

Mailing Address 6395 S.W. 96TH STREET MIAMI FL 33156

3. Mailing Address



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Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & State			City & State			4. FEI Number	65-6289575		Applied For Not Applicable	
Zip	p Country		Zip Cour		try	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
					Name					
JONATHAN H. GREEN & ASSOCIATES, P.A.					Stroot Address (P.O. Boy Number is Not Acceptable)					
799 BRICKELL PLACE, SUITE 700					Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33131										
					City	- <del></del>		FL Z	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 obligation	ons of registered agent.		. •	-	-					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.  DATE										
9. Capital Contributions as Snown on record. \$3,000,000.00 In FLORIDA to					outions		11. MAKE CHECK PA			
<u></u>	A GENERAL PARTNER						TIVE WITH THIS C	FFICE.		
NOTE: General Partners MAY NOT be changed on the  12. GENERAL PARTNER INFORMATION				13.	, 411 4111011011	ADDRESS CHANGES ONLY				
DOCUMENT #	DOCUMENT # NAME STREET ADDRESS  TRIANA, MANUEL JR. 6395 S.W. 96TH STREET				REET ADDRESS					
0111221112211222					-ST-ZIP	700016958507 04/24/03=-01045015 **526.25				
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STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP					
14. I hereby ce	ertify that the information supplied wi	th this fill	ng does not qualify for t	he exer	mption stated in Sec	ction 119.07(3)(i),	Florida Statutes. I furt	ther certify the	at the information	

4. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/21/03 Daytime Phone #