CR2E003 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9900000579  1. Entity Name (FAMILY HOLDINGS, LTD.				FILED  02 MAR 13 AH ID: 39	
Principal Place of Business  1551 SANDSPUR ROAD  MAITLAND FL 32751  Mailing Address P.O. BOX 4961 ORLANDO FL 32802					SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal P	lace of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2002
City & State		City & State			4. FEI Number 58-2422901 Applied For Not Applicable
Zip	Country	Zip	Соцг	ntry	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
			Name		
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801				Street Address	s (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	·		registen	ed office of regist	ered agent, or both, in the State of Florida.
	Signature, typed or printed name of registered agent	and title if applicable.			DATE
9. Capital Contributions as Shown on record. \$4,200,000.00 10. Amount of Capital Coin FLORIDA to date.					11. MAKE CHECK PAYABLE TO DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
	NOTE: General Partners M/	Y NOT be changed on t			STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.
12. GENERAL PARTNER INFORMATION			13.		ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS	L9900002011 GINSBURG FAMILY HOLDINGS, L.L.C. 1551 SANDSPUR ROAD		STRE	EET ADORESS	4000051334049 -03/19/0201014034
CITY-ST-ZIP	MAITLAND FL 32751		CITY	-ST-ZIP	****526.25 ****526.25
NAME			STRE	ET ADDRESS	O <sub>4</sub>
STREET ADDRESS CITY-ST-ZIP			City	-ST-ZIP	
DOCUMENT # NAME			STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	
DOCUMENT # NAME			STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	
DOCUMENT <b>#</b> NAME			STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	
DOCUMENT # NAME		/	STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			ı	-ST-ZIP	
14. I hereby c indicated the receive	92.00 J. Vistori	this filing does not qualify fo that my signature shall have a report as required by Chap	r the exer the same ster 620, F	mption stated in S e legal effect as if Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or

**SIGNATURE:** 

407/141