

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # A99000000604

1. Entry Name

ELIZABETH FAMILY LIMITED PARTNERSHIP

02 APR -5 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1 GROVE ISLE DR

3. Mailing Address

1 GROVE ISLE DR

Suite, Apt. #, etc.

1104

Suite, Apt. #, etc.

1104

City & State

COCONUT GROVE, FL

City & State

COCONUT GROVE, FL

Zip

33133

Country

US

Zip

33133

Country

US

DUE BY MAY 1

4. FEI Number

65-0918093

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Melissa Campbell

Street Address (P.O. Box Number is Not Acceptable)

1 GROVE ISLE DR

#1104

City

COCONUT GROVE

FL

Zip Code

33133

DO NOT WRITE
IN THIS SPACE

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Melissa Campbell

04/02/02

Signature of person or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record.

2,500,000.

10. Amount of Capital Contributions
in FLORIDA to date.

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 #

NAME

STREET ADDRESS

CITY- ST- ZIP

ELIZABETH FAMILY, INC.
16 GROVE ISLE DRIVE 1104
COCONUT GROVE, FL 33133

STREET ADDRESS

CITY- ST- ZIP

800005223208

-04/09/02--01070--010

****526.25 ****526.25

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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:

Melissa Campbell

04/02/02

305-

854-1118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)