

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000767				FILED 01 MAY -4 PM 12:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name THE KESERT FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 2525 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228			Mailing Address 2525 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <u>65-098-2512</u> <input checked="" type="checkbox"/> APPLIED FOR	
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 KESERT, MARY 2525 GULF OF MEXICO DRIVE 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 <u><i>Mary Kesert</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/01</u>					
9. Capital Contributions as Shown on record. \$295,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$295,000.00		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	KESERT, MARY TRUSTEE 2525 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228		STREET ADDRESS CITY-ST-ZIP	_____ _____	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____		STREET ADDRESS CITY-ST-ZIP	500004337525--7 06/01/01 01037 003 *****526.25 *****526.25	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____		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: <u><i>Mary Kesert</i></u>			2/01 941-383-3929		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		