

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000825**

1. Entity Name

SHANE FAMILY LIMITED PARTNERSHIP

Principal Place of Business

**6417 N.W. 99TH AVENUE
PARKLAND FL 33076**

Mailing Address

**6417 N.W. 99TH AVENUE
PARKLAND FL 33076**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHWARTZ, HOWARD L
2101 CORPORATE BLVD. NW, SUITE 414
BOCA RATON FL 33431**

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

[Signature]
(Signature/typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

\$1,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

1,000

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 # **L99000002539**
NAME **THE SHANE, LLC**
STREET ADDRESS **6417 N.W. 99TH AVENUE**
CITY-ST-ZIP **PARKLAND FL 33076**

STREET ADDRESS
CITY-ST-ZIP
500004429375--6
-06/19/01-01023-024
*******52.50 *****52.50**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
500004429375--6
-06/19/01-01023-025
*******88.75 *****88.75**

DOCUMENT #
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CITY-ST-ZIP

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/28/01

951 756 0934

FILED

01 MAY 29 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJM

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CR2E003 (11/00)