

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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MIB

DOCUMENT # **A99000000921**



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Entity Name
ANDREW A. ALLEN FAMILY LIMITED PARTNERSHIP

Principal Place of Business
**1115 STONEGATE CT
ROSWELL GA 30075**

Mailing Address
**1115 STONEGATE CT
ROSWELL GA 39975**

2. Principal Place of Business
12^E SPANISH TOWN COURT
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 898305
Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

City & State
PANAMA CITY BEACH, FL

City & State
DUNWOODY, GA

4. FEI Number **65-0935252**

Applied For
Not Applicable

Zip
32413

Country
WALTON

Zip
30356-0305

Country
DEKALB

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

**PALERMO, ANTHONY M
190 S.E. 19 AVENUE
POMPAHO BEACH FL 33060**

Name
ANDREW A. ALLEN
Street Address (P.O. Box Number is Not Acceptable)
12^E SPANISH TOWN COURT

City
PANAMA CITY BEACH FL Zip Code
32413

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 obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record, **\$250,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **P99000049149**
NAME **ALLEN HOLDINGS, CORP.**
STREET ADDRESS **1115 STONEGATE CT**
CITY-ST-ZIP **ROSWELL GA 30075**

STREET ADDRESS **12^E SPANISH TOWN COURT**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

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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: **ANDREW ALLEN** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9-22-03 **678-491-4844**
Date Daytime Phone #

CR2E003 (4/03)