## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9900001155  1. Entity Name				An ext
LASHMAN FAMILY PARTNERSHIP, LTD.				SECRETARY OF STATE DIVISION OF CORPORATIONS
Principal Place of Business  1701 WEST BROWARD BLVD FT LAUDERDALE FL 33312  Mailing Address  1701 WEST BROWARD BLVD FT LAUDERDALE FL 33312-19			7	00 FEB 18 PM12: 44
	<u> </u>		·	
	ace of Business  W 44 A A C  #, etc.	3. Mailing Address  (3) S·W·49  Suite, Apt. #, etc.	Are	DO NOT WRITE IN THIS SPACE
City & State		City & State	F1	4. FEI Number Applied For Not Applicable
Zip 3331	Country		ountry / S' A-	5. Certificate of Status Desired
	6. Name and Address of Current			7. Name and Address of New Registered Agent
KTG&S REGISTERED AGENT CORPORATION 100 S.E. 2ND STREET, STE 2800 MIAMI FL 33131-2144			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.				
CICNATIADE	•	•		
	Signature, typed or printed name of registered agent			required when reinstating)  DATE  11. MAKE CHECK PAYABLE TO DEPT. OF STATE
<ol><li>Capital Co as Shown or</li></ol>		<ol> <li>Amount of Capital Co in FLORIDA to date.</li> </ol>		SEE REVERSE SIDE FOR FEE INFORMATION
	A GENERAL PARTNER T	HAT IS A BUSINESS ENTITY	/ MUST BE RÉ	EGISTERED AND ACTIVE WITH THIS OFFICE.  dment must be filed to change a general partner.
12.	GENERAL PARTNER		13.	ADDRESS CHANGES ONLY
DOCUMENT# NAME	LASHMAN, MORTON E		STREET ADDRESS	631 S.W. 44 MAVe
STREET ADDRESS CITY - ST - ZIP	1701 W. BROWARD BLVD FORT LAUDERDALE FL		CITY - ST - ZIP	Ft-Lano Fl. 33317
DOCUMENT# NAME	LASHMAN, ESTELLE J		STREET ADDRESS	631 S.W. 44 AVL
STREET ADDRESS CITY - ST - ZIP	1701 W. BROWARD BLVD FORT LAUDERDALE FL		CITY-ST-ZIP	Ft-Lano Fl. 33317
DOCUMENT# NAME _	:		STREET ADDRESS	
STREET ADORESS CITY-ST-ZIP	- '	: · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP	m/2/28/00
DOCUMENT# NAME	,		STREET ADDRESS	U
STREET ADDRESS			CITY-ST-ZIP	9000031584494 -03/06/0001104022 ****141.25 ****141.25
DOÇÜMENT# NAME		ł	STREET ADDRESS	****141.60 *****141.60
STREET ADDRESS CITY-ST-ZIP		,	CITY-ST-ZIP	
DOCUMENT# NAME			STREET ADDRESS	
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: