

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 APR 15 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0009322 AT

<b>DOCUMENT #</b> A99000001866
<b>1. Entity Name</b> THE HYATT FAMILY LIMITED PARTNERSHIP

<b>Principal Place of Business</b> 300 S.E. 9TH COURT POMPANO BEACH FL 33060	<b>Mailing Address</b> 300 S.E. 9TH COURT POMPANO BEACH FL 33060
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<b>DUE BY MAY 1, 2002</b>	
<b>4. FEI Number</b> 65-6321180	Applied For <input type="checkbox"/> Not Applicable

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  HYATT, GILBERT E III 300 S.E. 9TH COURT POMPANO BEACH FL 33060
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<b>7. Name and Address of New Registered Agent</b>	
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.

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable.	<b>DATE</b>
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<b>9. Capital Contributions</b> as Shown on record. \$98,000.00	<b>10. Amount of Capital Contributions</b> in FLORIDA to date. 98,000.00	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE</b> SEE REVERSE SIDE FOR FEE INFORMATION
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**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	
<b>DOCUMENT #</b>	
<b>NAME</b>	HYATT, GILBERT E III
<b>STREET ADDRESS</b>	300 S.E. 9TH COURT
<b>CITY-ST-ZIP</b>	POMPANO BEACH FL 33060
<b>DOCUMENT #</b>	
<b>NAME</b>	HYATT, PATTI R
<b>STREET ADDRESS</b>	300 S.E. 9TH COURT
<b>CITY-ST-ZIP</b>	POMPANO BEACH FL 33060
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

13. ADDRESS CHANGES ONLY	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	800005309818--4
<b>CITY-ST-ZIP</b>	-04/22/02-01004--001
	****526.25 ****526.25
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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

<b>SIGNATURE:</b> [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	<b>Date</b> April 6/2	<b>Daytime Phone #</b>
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CR2E003 (9/01)