

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001887
1. Entity Name
 Chiocca Group, Ltd.



FILED

03 MAR -6 PM 4:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 3151 S.W. 192 Ave.
 Suite, Apt. #, etc.

3. Mailing Address
 3151 S.W. 192 Ave.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State
 Miramar, FL

City & State
 Miramar, FL

Zip 33029 **Country** Broward

Zip 33029 **Country** Broward

4. FEI Number
 65-0966064

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
 Jonathan Feuerman, Esq.

Street Address (P.O. Box Number is Not Acceptable)
 c/o Therrel Baisden, P.A.
 One S.E. Third Ave., Suite 2400

City Miami **FL** **Zip Code** 33131

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

9. Capital Contributions as Shown on record: \$6,655,382

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	
<p>DOCUMENT # P 99 0000 99914</p> <p>NAME ALB-VIN, INC</p> <p>STREET ADDRESS 3151 S.W. 192 Ave.</p> <p>CITY-ST-ZIP Miramar, FL 33029</p>	<p>STREET ADDRESS</p> <p>CITY-ST-ZIP 700013344687</p>
<p>DOCUMENT #</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p>STREET ADDRESS 03/04/03-01002-007 **525.25</p> <p>CITY-ST-ZIP</p>
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STAPLE CHECK HERE

CR2E003B (12/02)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Jerry Chiocca, Pres. - ALB-VIN* **CHIocca Group LTD** *2/24/03* *305-377-4228*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **JERRY CHIOCCA** Date Daytime Phone #