

2003 LIMITED PARTNERSHIP UNIFORM-BUSINESS REPORT (UBR)

DOCUMENT # B00000000400

1. Entity Name
BASTEN FAMILY LIMITED PARTNERSHIP



FILED

03 MAY -5 PM 7:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED

Principal Place of Business
C/O SHUTTS & BOWEN LLP
201 S. BISCAYNE BLVD., 1500 MIAMI CENTER
MIAMI FL 33131

Mailing Address
C/O SHUTTS & BOWEN LLP
201 S. BISCAYNE BLVD., 1500 MIAMI CENTER
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite 1500LN

Suite, Apt. #, etc.
Suite 1500LN

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-1049229

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NOSTRO, LOUIS ESQ
SHUTTS & BOWEN LLP, c/o L. Nostro
201 S. BISCAYNE BLVD., 1500 MIAMI CENTER
MIAMI FL 33131

Name

Louis Nostro

Street Address (P.O. Box Number is Not Acceptable)

728 Catalonia Avenue

City

Coral Gables

FL

Zip Code

33134

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

Louis Nostro

4/14/03

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

DATE

9. Capital Contributions
as Shown on record.

\$0.00

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 #
NAME BASTEN, WILLIAM J
STREET ADDRESS 1484 SHELTER ROCK ROAD
CITY-ST-ZIP ORLANDO FL 32825

STREET ADDRESS

700018010867

CITY-ST-ZIP

05/05/03--0100--013 **185.00

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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:

William J Basten

4/14/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

000114
AV

CR2E003 (10/02)