

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0018824
AB

DOCUMENT # B98000000069

1. Entity Name

THE BREEN FAMILY LIMITED PARTNERSHIP

02 MAR -8 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3060 GRAND BAY BLVD., UNIT #163
LONGBOAT KEY FL 34228

% BRUCE MAC CORKINDALE CPA PC
137 BROADWAY, SUITE 11
AMITTVILLE NY 11701



2. Principal Place of Business

3. Mailing Address

3960 MERRICK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

SEAFORD, N.Y.

4. FEI Number

58-2260831

Applied For

Not Applicable

Zip

Country

Zip

Country

11783

USA

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

BREEN, JAMES J

3060 GRAND BAY BLVD., UNIT #163
LONGBOAT KEY FL 34228

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.

SIGNATURE James J. Breen
Signature typed or printed name of registered agent and title if applicable.

FEB 4, 2002
DATE

9. Capital Contributions
as Shown on record.

\$2,854,108.00

10. Amount of Capital Contributions
in FLORIDA to date.

222,000

11. MAKE CHECK PAYABLE TO 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 BREEN, JAMES J
STREET ADDRESS 3060 GRAND BAY BLVD., UNIT #163
CITY-ST-ZIP LONGBOAT KEY FL 34228

STREET ADDRESS

CITY-ST-ZIP

400005098854--8

DOCUMENT #
NAME BREEN, JOAN F
STREET ADDRESS 3060 GRAND BAY BLVD., UNIT #163
CITY-ST-ZIP LONGBOAT KEY FL 34228

STREET ADDRESS

CITY-ST-ZIP

-03/13/02--01020--001

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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: James J. Breen JAMES J. BREEN

FEB 4 2002 941-387-3380

Date

Daytime Phone #

(1/0/0) 0003003

STATE CHECK HERE //