

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000013682

FILED
Feb 13, 2003
Secretary of State

Entity Name: GRABARKIEWICZ FAMILY PARTNERS, LLC

Current Principal Place of Business:

9010 S.W. 137TH AVENUE
SUITE: 119
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

9010 S.W. 137TH AVENUE
SUITE: 119
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-1129815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTINENTAL ADVISORS, INC.
5201 BLUE LAGOON DRIVE
8TH FLOOR
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GRABARKIEWICZ, MICHAEL
Address: 11226 S.W. 64TH LANE
City-St-Zip: MIAMI, FL 33173 US

Title: MGRM () Delete
Name: REOPELLE, BETH
Address: 10021 COLONNADE DRIVE
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM () Delete
Name: GANSKE, LAURIE
Address: 6660 S. 121 STREET
City-St-Zip: FRANKLIN, WI 53132 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MIKE GRABARKIEWICZ

MGRM

02/13/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date