FILED

Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90112 005 ****50.00

Daytime Phone #

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9600000720

1. Entity Name

ጎႽ℞ႶႼ	NF-FRA7IF	R FAMILY	PARTNERSHIP,	L.C.
JUUUN			FARHICHORIE,	しいい

Principal Place of Business		Mailing Address	Mailing Address									
745 HOLLYWOOD BLVD			745 HOLLYWOOD BLVD									
FORT WALTON	N BEACH FL 325	948	FORT WALTON BE	FORT WALTON BEACH FL 32548		1						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					II BBAN BOTH AA	ili 66 111 66 11			
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
City & State		City & State	City & State			4. FEI Numb	per 59-338	9782		⊢	plied For	
Zip		Country Zip Cour			untry		5. Certificate	e of Status Desir	red 🔲		00 Add	ditional
	6. Name a	nd Address of Currer	nt Registered Agent	Jistered Agent			7. Name and Address of New Registered Agent					
	BORNE, ROBE	EDT D			Name				-			
	ELDRERGE F		<u></u>	Street Address		ddress (P.	O. Box Numb	er is Not Accep	table)			
		CH FL 32548					•					
					City	_				F I 17	ip Cod	e
	.	····	<u> </u>								<u>`</u>	
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 .	Signature, typed or I	printed name of registered ager	nt and title if applicable	(NOTE: Benint	ered Agent signatur	PFO toguized ad	han reinstating)		DA	TC	·	
	organizate, typed or	printed hearing of registered age.					(en rematating)			···		 -
			Make Check	LE NOW!!!			of State					}
			Make Glieck		May 1, 2003		Of State					ļ
9. MANAGING MEMBERS/MAN			RERS/MANAGERS	10				ADDITIO	DNS/CHAN	GES		
TITLE	MGR		Dele		TLE			11001111	3140, 01 13 44		hange	Addition
NAME		ROBERT P		N/	AME						•	
STREET ADDRESS	151 ELDRE				REET ADDRESS							
CITY-ST-ZIP	FORT WAL	TON BEACH FL 32			TY-ST-ZIP			 .				
TITLE			☐ Dele		TLE)hange	☐ Addition
NAME					AME							}
STREET ADDRESS- CITY-ST-ZIP			•		TREET ADDRESS							
TITLE			☐ Dele		TLE	_					hange	Addition
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NAME					AME							
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CITY-ST-ZIP					TY-ST-ZIP				<u></u> .			
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NAME	li		_ 5000		ME						g-	
STREET ADDRESS				ST	REET ADDRESS							
CITY-ST-ZIP				CI	TY-ST-ZIP							

11. 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 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.