

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**FILED**  
03 APR 16 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0003786  
AV

**DOCUMENT # A0000000570**

1. Entity Name  
**FISHMAN FAMILY LTD.**



Principal Place of Business  
**1500 SOUTH OCEAN DRIVE. UNIT 306-S  
BOCA RATON FL 33432**

Mailing Address  
**1500 SOUTH OCEAN DRIVE. UNIT 306-S  
BOCA RATON FL 33432**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

4. FEI Number **65-0996636**

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**

**GLASSER, GENE K  
C/O ABRAMS ANTON P.A.  
2021 TYLER STREET  
HOLLYWOOD FL 33022**

**7. Name and Address of New Registered Agent**

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. 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. **\$1,000,000.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>FISHMAN, CELINA 1500 SOUTH OCEAN DRIVE, UNIT 306-S BOCA RATON FL 33432</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>100016088181</b>
CITY-ST-ZIP	<b>04/16/03--01008--020 **526.25</b>
STREET ADDRESS	<i>[Signature]</i>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (10/02)

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:** *Celina Fishman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/9/03** **564**  
Date Daytime Phone # **392-1035**