

# 2002 UNIFORM BUSINESS REPORT (UBR)

00103005 AT

DOCUMENT # **A01000300752**

1. Entity Name

**BURD FAMILY LIMITED PARTNERSHIP NO. 2, LLLP**

FILED

02 MAY -6 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>10275 COLLINS AVENUE, #831 BAL HARBOUR FL 33154</b>	Mailing Address <b>10275 COLLINS AVENUE, #831 BAL HARBOUR FL 33154</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number <b>65-1109910</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**NELSON, BARRY A. ESQ.**  
**C/O NELSON & LEVINE, P.A.**  
**19495 BISCAYNE BLVD, SUITE 609**  
**AVENTURA FL 33180-2320**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$3,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 STREET ADDRESS CITY-ST-ZIP	<b>P01000036183 CB FAMILY HOLDINGS, INC. 10275 COLLINS AVENUE, #831 BAL HARBOUR FL 33154</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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**100005577471-4**  
**-05/21/02--01063--022**  
**\*\*\*535.00 \*\*\*535.00**

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: *Clara Burd* **Clara Burd** **1-10-02** **305-866-7996**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)