

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 FEB 19 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000923

1. Entity Name

STUTZ FAMILY LIMITED PARTNERSHIP, LLLP

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
c/o Barry A. Nelson
Suite, Apt. #, etc.
2775 Sunny Isles Blvd, Ste. 118

3. Mailing Address
c/o Barry A. Nelson
Suite, Apt. #, etc.
2775 Sunny Isles Blvd., Ste. 118

DUE BY MAY 1

City & State
North Miami Beach, Florida

City & State
North Miami Beach, Florida

4. FEI Number
65-1120248

Applied For
Not Applicable

Zip Country
33160 USA

Zip Country
33160 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Barry A. Nelson, Esq., c/o Nelson & Levine, P.A.

Street Address (P.O. Box Number Is Not Acceptable)
2775 Sunny Isles Boulevard

Suite 118

City **FL** Zip Code
North Miami Beach, 33160

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

[Signature]

2/13/02

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. 2,000,000

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT # P01000041161
NAME Stutz Family Holdings, Inc.
STREET ADDRESS c/o Barry A. Nelson, Esq.
CITY-ST-ZIP 2775 Sunny Isles Blvd., Ste. 118
North Miami Beach, FL 33160

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

2/13/02

305-931-5598

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Business Phone #

STAPLE CHECK HERE

CR2E003B (12/01)