

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A01000000923**



1. Entity Name  
**STUTZ FAMILY LIMITED PARTNERSHIP, LLLP**

FILED

03 FEB 27 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>2775 SUNNY ISLES BLVD., SUITE 118 C/O BARRY NELSON NORTH MIAMI BEACH FL 33160</b>	Mailing Address <b>2775 SUNNY ISLES BLVD., SUITE 118 C/O BARRY NELSON NORTH MIAMI BEACH FL 33160</b>
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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 **65-1120248**

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

7. Name and Address of New Registered Agent

**NELSON, BARRY A ESQ.  
C/O NELSON & LEVINE, P.A.  
2775 SUNNY ISLES BLVD., SUITE 118  
NORTH MIAMI BEACH FL 33160**

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. **\$2,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$2,000,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P01000041161**  
NAME **STUTZ FAMILY HOLDINGS, INC.**  
STREET ADDRESS **2775 SUNNY ISLES BLVD., SUITE 118**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

STREET ADDRESS  
CITY-ST-ZIP  
**000013165120**  
STREET ADDRESS  
**02/27/03--01045--014 ##526.25**

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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]* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/21/03**  
Date

**305.932.2000**  
Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE