

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)


0012899 AT

DOCUMENT # **A29687**

1. Entity Name
THE RICHARD L. FEIN FAMILY LIMITED PARTNERSHIP



FILED
03 JAN 17 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business P.O. BOX 740687 BOYNTON BEACH FL 33474-0687	Mailing Address P.O. BOX 740687 BOYNTON BEACH FL 33474-0687
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2. Principal Place of Business 11408 Ohann Circle	3. Mailing Address 11408 Ohann Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Boynton Beach	City & State Boynton Beach
Zip 33437	Zip 33437
Country USA	Country USA

DUE BY MAY 1, 2003

4. FEI Number 65-0189732	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANK J. RIEF, III
RIEF & STRAS
442 W. KENNEDY BLVD., SUITE 340
TAMPA FL 33606

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. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT #	FEIN, RICHARD L.
NAME	11408 OHANA CIRCLE
STREET ADDRESS	BOYNTON BEACH FL 33437
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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CITY-ST-ZIP	

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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: *Richard L. Fein* **1/9/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)