2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A94000000007

1. Entity Name

ARONOFF FAMILY LIMITED PARTNERSHIP

FILED
01 MAR 19 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
230-174TH STREET. #1618 MIAMI BEACH FL 33160	230-174TH STREET. #1618 MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE MJH

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0453908 ☐ Applied For ☐ Not Applicable

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
ARONOFF, LOUIS 230-174TH STREET, #1618 MIAMI BEACH FL 33160	Name: JOEL S. ARONOFF C/O LYNN CRANE Street Address (P.O. Box Number is Not Acceptable): 4522 HAZLETON LANE LAKE WORTH City: FL Zip Code: 33461

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] JOEL S. ARONOFF 3/10/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$2,327,252.00		

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 #		STREET ADDRESS	
NAME	ARONOFF, LOUIS	CITY-ST-ZIP	
STREET ADDRESS	230-174TH STREET		
CITY-ST-ZIP	MIAMI BEACH FL 33160		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	900003889879--8
STREET ADDRESS			-03/21/01--01029--016
CITY-ST-ZIP			****588.75 ****526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	FF $526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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: [signature] SIGNATURE REQUIRED 3/10/01 (561) 333-4145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #