

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000571**

1. Entity Name  
**KRAMER PARTNERSHIP, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUL -3 PM 1:29

Principal Place of Business: **39 Battery Road, Belfast, ME 04915**  
Mailing Address: **39 Battery Road, Belfast, ME 04915**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **39 BATTERY RD**  
Suite, Apt. #, etc.

3. Mailing Address: **39 BATTERY RD**  
Suite, Apt. #, etc.

City & State: **BELFAST ME**  
Zip: **04915** Country: **USA**

City & State: **BELFAST ME**  
Zip: **04915** Country: **USA**

4. FEI Number: **65-0475588**  
Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**KRAMER, DAVID**  
**2855 W. COMMERCIAL BLVD.**  
**APT. 138**  
**FORT LAUDERDALE FL 33309-2977**

7. Name and Address of New Registered Agent  
Name: **Jeffrey A. Baskies**  
Street Address (P.O. Box Number is Not Acceptable): **200 East Broward Boulevard**  
City: **Ft. Lauderdale** FL Zip Code: **33301**

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]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

9. Capital Contributions as Shown on record: **\$3,000,000.00**  
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 #	
NAME	<b>STEIN, MICHAEL</b>
STREET ADDRESS	<b>39 BATTERY ROAD</b>
CITY - ST - ZIP	<b>BELFAST ME 04915</b>
DOCUMENT #	
NAME	<b>STEIN, JUDITH</b>
STREET ADDRESS	<b>39 BATTERY ROAD</b>
CITY - ST - ZIP	<b>BELFAST ME 04915</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>300003316083--6</b>
CITY - ST - ZIP	<b>07207200-01042-009</b> <b>***526.25 ***526.25</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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]* **JUDITH R STEIN** Date: **207-338-5318**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (9/99)