

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001690

1. Entity Name

THE ELINOR FRIEDMAN FAMILY LIMITED PARTNERSHIP

Principal Place of Business

2301 GULF OF MEXICO DRIVE, APT 71N
LONGBOAT KEY FL 34228

Mailing Address

2301 GULF OF MEXICO DRIVE, APT 71N
LONGBOAT KEY FL 34228-3218

APPROVED
AND
FILED

00 APR -3 PM 12: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0609906

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

FRIEDMAN, ELINOR L

2301 GULF OF MEXICO DRIVE, APT 71N
LONGBOAT KEY FL 34228

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.

SIGNATURE

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.

\$2,079,406.00

10. Amount of Capital Contributions
in FLORIDA to date.

2,079,406

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
FRIEDMAN, ELINOR L
2301 GULF OF MEXICO DRIVE, APT 71N
LONGBOAT KEY FL 34228

STREET ADDRESS
CITY - ST - ZIP

100003215621--7
-04/19/00--01113--024
****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
FRIEDMAN NORTON, AMY G
P.O. BOX 1478
OLIVEBRIDGE NY 12461

STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #