

2001 UNIFORM BUSINESS REPORT (UBR)

001161 AF

ng

DOCUMENT # A95000001690

1. Entity Name

THE ELINOR FRIEDMAN FAMILY LIMITED PARTNERSHIP

FILED

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**

07 FEB 19 AM 11:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0609906

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

**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 _____ (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.

2079406

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

STREET ADDRESS
 CITY-ST-ZIP

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

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 *Elinor Friedman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-16-01 Date
383-2048 Daytime Phone #

CR2E003 (11/00)