

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # A95000001690

02 MAR -6 AM 9:00

1. Entity Name

Elinor Friedman Family Limited Partnership

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2301 Gulf of Mexico Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

71N

City & State

Longboat Key, FL

City & State

Zip

Country

34228

Zip

Country

DO NOT WRITE IN THIS SPACE

MMJN

DUE BY MAY 1

4. FEI Number

65-0609906

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Elinor Friedman

Street Address (P.O. Box Number is Not Acceptable)

2301 Gulf of Mexico Dr., Apt 71N

City

Longboat Key

FL

Zip Code

34228

**DO NOT WRITE  
IN THIS SPACE**

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 date if applicable

DATE

9. Capital Contributions

as Shown on record.

2079406.00

10. Amount of Capital Contributions

in FLORIDA to date.

2079,406

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

DOCUMENT #  
NAME Elinor Friedman  
STREET ADDRESS 2301 Gulf of Mexico Dr, #71N  
CITY - ST - ZIP Longboat Key, FL 34228

STREET ADDRESS

CITY - ST - ZIP

4000005107234--2

DOCUMENT #  
NAME Amy Friedman-Norton  
STREET ADDRESS P.O. Box 1478  
CITY - ST - ZIP Olivebridge, NY 12461

STREET ADDRESS

CITY - ST - ZIP

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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)(b), 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

X 2-23-02

X 8456572404

STAPLE CHECK HERE

CR2E003B (12/01)