

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001690

1. Entity Name
THE ELINOR FRIEDMAN FAMILY LIMITED PARTNERSHIP



FILED

2004 AUG 23 P 3:18



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

2. Principal Place of Business
1858 Ringling Blvd.
Suite, Apt. #, etc.

3. Mailing Address
1858 Ringling Blvd
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number 65-0609906

Applied For
Not Applicable

Zip Country
34236 U.S.A.
SARASOTA

Zip Country
34236 U.S.A.

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
ROBERT P. CLARKE
Street Address (P.O. Box Number is Not Acceptable)
1858 Ringling Blvd
City
SARASOTA FL Zip Code
34236

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

ROBERT P. CLARKE

4/25/03
DATE

9. Capital Contributions as Shown on record. \$2,079,406.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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
600018035216
05/06/03--01033--011 **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
200040411152
08/23/04--01004--012 **578.75

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STATEMENT 03-04
Jee

No penalty due

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

✓ 4.29.03 ✓ 845 657 2404
Date Daytime Phone #

CR2E003 (10/02)

0015673 AT

STAPLE CHECK HERE