

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

FILED

02 MAY -2 PM 2: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** A96000000050  
1. Entity Name  
**THE MARK & ROBERTA MANDEL FAMILY LIMITED PARTNERSHIP**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**3000 ISLAND BLVD.**

3. Mailing Address  
**3000 ISLAND BLVD.**

Suite, Apt. #, etc.  
**#1702**

Suite, Apt. #, etc.  
**#1702**

**DUE BY MAY 1**

City & State  
**AVENTURA, FL 33160**

City & State  
**AVENTURA, FL 33160**

4. FEI Number  
**65-069-1054**

Applied For  
Not Applicable

Zip  
**33160**

Country

Zip  
**33160**

Country

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**MARK MANDEL**

Street Address (P.O. Box Number is Not Acceptable)  
**3000 ISLAND BLVD. #1702**

City  
**AVENTURA**

**FL**

Zip Code  
**33160**

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 *Mark Mandel* DATE *4/29/02*

9. Capital Contributions as Shown on record. **444,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **444,000.00**

**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  
STREET ADDRESS  
CITY-ST-ZIP  
**MANDEL, MARK  
3000 ISLAND BOULEVARD. #1702  
AVENTURA, FL 33160**

STREET ADDRESS  
CITY-ST-ZIP  
**500005555425-2**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MANDEL, ROBERTA  
3000 ISLAND BOULEVARD, #1702  
AVENTURA, FL 33160**

STREET ADDRESS  
CITY-ST-ZIP  
**05/18/02-01068-004  
\*\*\*526.25 \*\*\*526.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

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DOCUMENT #  
NAME  
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CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

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: *Mark Mandel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: *4/29/02*  
Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)