## LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002076

1. Entity Name

APPKUYE. AND FILED

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SECRETARY OF STATE

ARNOLD R. MEYER FAMILY LIMITED PARTNERSHIP				ALUANASSEEN		
	DO NOT WRITI		SPACE			
Principal Place of Business     19707 Turnberry Way		3. Mailing Address 19707 Turnberry Way		DO NOT WRITE IN THIS SPACE		
Suite, Apt. #, etc. Apt. 22 A & B		Suite, Apt. #, etc. <b>Apt. 22 A &amp; B</b>		DUE BY MAY 1		
City & State  Aventura, Florida		City & State  Aventura, Plorida		4. FEI Number 65-0732390	Applied For Not Applicable	
Zip <b>33180</b>	Country <b>USA</b>	Zip 33180	Country  USA  5. Certificate of Status Desired  Fee Required  Fee Required			
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DO NOT WRITE IN THIS SPACE			Name Barry A.	Name Barry A. Welson, Esq., c/o Nelson & Levine, P.A.  Street Address (P.O. Box Number is Not Acceptable) 2775 Sunny Isles Boulevard		
			Street Address 2775 Sunn			
			Suite 118			
			City <b>North Mia</b>	City North Miami Beach,  City North Miami Beach,  City North Miami Beach,		
8. The above	named entity submits this statement	for the purpose of changing	its registered office or regist	ered agent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered eges	and NIA Transport in		2/26/0	2	
9. Capital Co as Shown o	ntributions \$10 000 000		pital Contributions date.	11. MAKE CHECK PAYA SEE REVERSE SIDE	BLE TO DEPT. OF STATE FOR FEE INFORMATION	
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS I IAY NOT be changed or	ENTITY MUST BE REGIS the form; an amendme	STERED AND ACTIVE WITH THIS OFF ent must be filed to change a general p	ICE. partner.	
12. GENERAL PARTNER INFORMATION						
DOCUMENT# NAME	Arnold R. Meyer Family Holdings, Inc. 19707 Turnberry Way, Apt. 22 A & B Aventura, Florida 33180		STREET ACKORESS			
STRUET ADDRESS CITY-ST-ZIP			City, St. 24P			
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14. Thereby certify that the information supplied with this filling 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

2/21/02 (305)932-2000