

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

APPROVED
AND
FILED

02 MAR -1 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A9600002076
1. Entity Name
ARNOLD R. MEYER FAMILY LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. 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.
Apt. 22 A & B

DUE BY MAY 1

City & State
Aventura, Florida

City & State
Aventura, Florida

4. FEI Number
65-0732390

Zip
33180

Country
USA

Zip
33180

Country
USA

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
Barry A. Nelson, Esq., c/o Nelson & Levine, P.A.
Street Address (P.O. Box Number Is Not Acceptable)
2775 Sunny Isles Boulevard
Suite 118
City
North Miami Beach, 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 *Barry A. Nelson* DATE 2/26/02

9. Capital Contributions as Shown on record. **\$10,000,000**

10. Amount of Capital Contributions in FLORIDA to date.

**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 #	P96000086488
NAME	Arnold R. Meyer Family Holdings, Inc.
STREET ADDRESS	19707 Turnberry Way, Apt. 22 A & B
CITY-ST-ZIP	Aventura, Florida 33180
DOCUMENT #	
NAME	
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CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E003B (12/01)

STAPLE CHECK HERE

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: *Roselyn Meyer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/21/02 (305)932-2000
DATE DAYPHONE FEE#