


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY - 8, AM 8:48

|   |   |
|---|---|
| <b>DOCUMENT # A96000002076</b><br>1. Entity Name<br><b>ARNOLD R. MEYER FAMILY LIMITED PARTNERSHIP</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>19707 TURNBERRY WAY, SUITE 22 AB<br/>AVENTURA FL 33180</b> | Mailing Address<br><b>19707 TURNBERRY WAY, SUITE 22 AB<br/>AVENTURA FL 33180</b> |
|--|--|



|                                |                     |     |         |   |
|--------------------------------|---------------------|-----|---------|---|
| 2. Principal Place of Business | 3. Mailing Address  |     |         | 4. FEI Number <b>65-0732390</b>   |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |     |         | Applied For   |
| City & State                   | City & State        |     |         | Not Applicable  |
| Zip                            | Country             | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |

**DUE BY MAY 1, 2003**

|   |   |
|---|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>NELSON, BARRY A ESQ.</b><br><b>C/O NELSON &amp; ASSOC.</b><br><b>2775 SUNNY ISLES BLVD., STE. 118</b><br><b>NORTH MIAMI BEACH FL 33180</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|---|---|

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|   |   |  |
|---|---|--|
| 9. Capital Contributions as Shown on record. <b>\$10,000,000.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | <b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br/>SEE REVERSE SIDE FOR FEE INFORMATION</b> |
|---|---|--|

**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 #                      | P96000086488                          | STREET ADDRESS           |  |
| NAME                            | ARNOLD R. MEYER FAMILY HOLDINGS, INC. | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | 19707 TURNBERRY WAY, SUITE 22 AB      |                          |  |
| CITY-ST-ZIP                     | AVENTURA FL 33180                     |                          |  |
| DOCUMENT #                      |                                       | STREET ADDRESS           |  |
| NAME                            |                                       | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                                       |                          |  |
| CITY-ST-ZIP                     |                                       |                          |  |
| DOCUMENT #                      |                                       | STREET ADDRESS           |  |
| NAME                            |                                       | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                                       |                          |  |
| CITY-ST-ZIP                     |                                       |                          |  |
| DOCUMENT #                      |                                       | STREET ADDRESS           |  |
| NAME                            |                                       | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                                       |                          |  |
| CITY-ST-ZIP                     |                                       |                          |  |
| DOCUMENT #                      |                                       | STREET ADDRESS           |  |
| NAME                            |                                       | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                                       |                          |  |
| CITY-ST-ZIP                     |                                       |                          |  |

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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:** *Arnold R Meyer* **4/28/03** **954 389 9847**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE