

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98 000000032

1. Entity Name  
**PHYLLIS, LTD. PARTNERSHIP**

**FILED**  
 01 APR 12 AM 10:24

*Handwritten initials*

Principal Place of Business      Mailing Address  
 2901 CLINT MORRE ROAD      2901 CLINT MORRE ROAD  
 UNIT 321      UNIT 321  
 BOCA RATON, FL 33496      BOCA RATON, FL 33496

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

DO NOT WRITE IN THIS SPACE

Zip      Country      Zip      Country

4. FEI Number      Applied For  
 65-0810723      Not Applicable

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

ALAN B. COHN  
 % ABRAMS ANTON, P.A.  
 2021 TYLER STREET  
 HOLLYWOOD, FL 33022

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      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.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **1,600,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **8444.555**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
 NAME: FELDMAN, IRVING  
 STREET ADDRESS: 2901 CLINT MORRE ROAD  
 CITY-ST-ZIP: BOCA RATON, FL 33496

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME: FELDMAN, PHYLLIS  
 STREET ADDRESS: 2901 CLINT MORRE ROAD  
 CITY-ST-ZIP: BOCA RATON, FL 33496

STREET ADDRESS  
 CITY-ST-ZIP

000004033530--9  
 -04/19/01--01033--012  
 \*\*\*\*535.00      \*\*\*\*535.00

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 CITY-ST-ZIP

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: *Irving Feldman*      4/07/01

CR2E003 (9/99)