

2002
**LIMITED PARTNERSHIP
 UNIFORM BUSINESS REPORT (UBR)**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 02 APR 22 PM 2:05
 W 4/26

DOCUMENT # A9800000032
 1. Entity Name
PHYLIRU LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2901 CLINTMOORE RD</u>		3. Mailing Address <u>2901 CLINTMOORE ROAD</u>	
Suite, Apt. #, etc. <u>#321</u>		Suite, Apt. #, etc. <u>#321</u>	
City & State <u>BOCA RATON, FL</u>		City & State <u>BOCA RATON, FL</u>	
Zip <u>33496</u>	Country	Zip <u>33496</u>	Country

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number <u>65-0910723</u>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name <u>ALLAN B. COHEN</u>
Street Address (P.O. Box Number is Not Acceptable) <u>C/O ABRAMS ANTON, P.A.</u>
<u>2021 TYLER STREET</u>
City <u>HOLLYWOOD</u> FL Zip Code <u>33022</u>

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 _____ DATE _____

9. Capital Contributions as Shown on record. <u>600,000</u>	10. Amount of Capital Contributions in FLORIDA to date. <u>444.555</u>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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		STREET ADDRESS	CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<u>FELDMAN, IRVING</u> <u>2901 CLINTMOORE RD #321</u> <u>BOCA RATON, FL 33496</u>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<u>FELDMAN, PHYLLIS</u> <u>2901 CLINTMOORE RD #321</u> <u>BOCA RATON, FL 33496</u>		
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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)(b), 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] DATE: 4/19/02 988-9885
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

CR2E003B (12/01)