

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012958 AT

**DOCUMENT # A98000000032**



1. Entity Name  
**PHYLIRV, LTD.**

FILED

03 MAR 26 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 2901 CLINT MOORE ROAD, UNIT 321 BOCA RATON FL 33496	Mailing Address 2901 CLINT MOORE ROAD, UNIT 321 BOCA RATON FL 33496
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2. Principal Place of Business	3. Mailing Address <b>2689 N.W. 45th St</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Boca Raton FL</b>	4. FEI Number <b>65-0810723</b>
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Zip <b>33434</b>	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DUE BY MAY 1, 2003**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. 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>\$600,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>399,200.00</b>	11. MAKE CHECK PAYABLE TO FL. 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	
DOCUMENT #	NAME: <b>FELDMAN, IRVING</b> STREET ADDRESS: <b>2901 CLINT MOORE ROAD, UNIT 321</b> CITY-ST-ZIP: <b>BOCA RATON FL 33496</b>
DOCUMENT #	NAME: <b>FELDMAN, PHYLLIS</b> STREET ADDRESS: <b>2901 CLINT MOORE ROAD, UNIT 321</b> CITY-ST-ZIP: <b>BOCA RATON FL 33496</b>
DOCUMENT #	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
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DOCUMENT #	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>2689 N.W. 45th St</b>
CITY-ST-ZIP	<b>Boca Raton FL 33434</b>
STREET ADDRESS	<b>2689 N.W. 45th St</b>
CITY-ST-ZIP	<b>Boca Raton FL 33434</b>
STREET ADDRESS	<b>500014769645</b>
CITY-ST-ZIP	<b>03/26/03--01069--001 **526.25</b>
STREET ADDRESS	_____
CITY-ST-ZIP	_____
STREET ADDRESS	_____
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:** *Signature of Alan B Cohn* **3/21/03** **561-988-9885**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

DUPLICATE CHECK HERE