

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004146 AF

DOCUMENT # **A98000000040**

1. Entity Name

**ADLER UNITED LIMITED PARTNERSHIP**

FILED

01 MAY 24 PM 3: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2665 S. BAYSHORE DRIVE. UNIT 400  
COCONUT GROVE FL 33133**

Mailing Address  
**2665 S. BAYSHORE DRIVE. UNIT 400  
COCONUT GROVE FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0803955**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**GLASLSER, GENE K  
ABRAMS ANTON P.A.  
2021 TYLER STREET  
HOLLYWOOD FL 33020**

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

*Marc F. Gould*

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

(NOT) Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$4,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**1,963,016**

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 # **P97000101376**  
NAME **MONROE PIERCE, INC.**  
STREET ADDRESS **2665 S BAYSHORE DRIVE, UNIT 400**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

*Amendment  
Filed  
5/24/01*

STREET ADDRESS

CITY-ST-ZIP

**000004336670**  
**-05/31/01--01086--019**  
**\*\*\*\*\*535.00 \*\*\*\*\*535.00**

DOCUMENT # **P97000103823**  
NAME **FRANKLIN PENN, INC.**  
STREET ADDRESS **2665 S BAYSHORE DRIVE, UNIT 400**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Marc F. Gould*  
**MARC F. GOULD, G.P.**  
**FRANKLIN PENN, INC. G.P.**

4-19-01

Date

305-858-9460

Daytime Phone #

CR2E003 (11/00)