

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011551 AT

DOCUMENT # **A98000000040**
 1. Entity Name
ADLER UNITED LIMITED PARTNERSHIP



FILED

03 JAN 30 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2781 OAKBROOK MANOR
 WESTON FL 33332**

Mailing Address
**2781 OAKBROOK MANOR
 WESTON FL 33332**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

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

**GRASLSE, GENE K
 2021 TYLER STREET
 HOLLYWOOD FL 33020**

Name **MARC GOULD**
 Street Address (P.O. Box Number is Not Acceptable) **2781 OAKBROOK MANOR**
 City **WESTON** FL **33332**

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 *Marc F. Gould* DATE 1/27/03
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$4,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **P97000103823**
 NAME **FRANKLIN PENN, INC.**
 STREET ADDRESS **2781 OAKBROOK MANOR**
 CITY-ST-ZIP **WESTON FL 33332**

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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: *Marc F. Gould* DATE 1/8/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)