LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -6 AM 10: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000026455

1. Entity Name

BSL GC LTD.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5203 FISHER ISLAND Dr.
City & State
FISHER ISLAND FL
Zip
33109
County
US

3. Mailing Address
SAME
City & State
Zip
County

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

FEI Number
94-1737782

Applied For
Not Applicable

4. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
CT CORPORATION
Street Address (P.O. Box Not Acceptable)
1200 SOUTH PINE ISLAND Rd
City
PLANTATION
FL 33324

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
(Signature required when changing registered office or registered agent, or both.)

9. Capital Contributions as Shown on Page 3: 100.00

10. Amount of Capital Contributions in FLORIDA to date: 100.00

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

DESIGNATION NAME STREET ADDRESS CITY-ST-ZIP	LEBOW, BENNETT S 5203 FISHER ISLAND DR, FISHER ISLAND FL 33109
DESIGNATION NAME STREET ADDRESS CITY-ST-ZIP	
DESIGNATION NAME STREET ADDRESS CITY-ST-ZIP	
DESIGNATION NAME STREET ADDRESS CITY-ST-ZIP	
DESIGNATION NAME STREET ADDRESS CITY-ST-ZIP	

600005577236--6
-05/21/02--01057--027
****141.25 ****141.25

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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 complete 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 person(s) or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____ 4/29/02 954-3851386
SIGNATURE AND TYPED OR PRINTED NAME OF SELECTED GENERAL PARTNER — Date — Daytime Phone #