

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0009175 AT

DOCUMENT # A99000000209



1. Entity Name
JEROME KATZ FAMILY LTD.

03 MAR -5 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2751 SOUTH OCEAN DRIVE, NO. 808N
HOLLYWOOD FL 33019

Mailing Address
2751 SOUTH OCEAN DRIVE, NO. 808N
HOLLYWOOD FL 33019



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

4. FEI Number **65-0895865**

Applied For
Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COHN, ALAN B
C/O 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. **\$3,000,000.00**

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	
DOCUMENT #	KATZ, JEROME 2751 SOUTH OCEAN DRIVE, NO. 808N HOLLYWOOD FL 33019
NAME	
STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	100013526071 03/05/03--01009--002 **526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Jerome Katz*
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **2-21-03**
Daytime Phone #: **954-927-9633**

STAPLE CHECK HERE

CR2E003 (10/02)