


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010899 AT

**DOCUMENT # A99000000334**

1. Entity Name  
**KASSIN FAMILY PARTNERSHIP, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Wly/1

03 MAR 28 AM 9:49

Principal Place of Business  
**21471 HIGHLAND LAKES BOULEVARD  
MIAMI FL 33179**

Mailing Address  
**21471 HIGHLAND LAKES BOULEVARD  
MIAMI FL 33179**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**DUE BY MAY 1, 2003**

4. FEI Number **65-0914978** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KASSIN, CLARA**  
**21471 HIGHLAND LAKES BOULEVARD**  
**NORTH MIAMI BEACH FL 33179-6031**

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. **\$6,000,000.00**

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 #	612068	STREET ADDRESS	
NAME	FOREIGN FINANCIAL INVESTMENT, INC.	CITY - ST - ZIP	
STREET ADDRESS	21471 HIGHLAND LAKES BOULEVARD		000013908550
CITY - ST - ZIP	MIAMI FL 33179-6031		03/11/03--01014--024 **150.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			000013908550
CITY - ST - ZIP			03/28/03--01010--010 **376.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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)(l), 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:**  **3/8/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)