2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000000355

FILED
02 MAR 11 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

HERSKOWITZ FAMILY PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
9100 S. DADELAND BOULEVARD. SUTIE 1404 MIAMI FL 33093	9100 S. DADELAND BOULEVARD. SUITE 1404 MIAMI FL 33156

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, 2002

4. FEI Number 65-0931099 — Applied For / Not Applicable

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
HERSKOWITZ, JACK L 9100 S. DADELAND BOULEVARD, SUITE 1404 MIAMI FL 33156	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $1,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	HERSKOWITZ, JACK L 9100 S. DADELAND BOULEVARD, SUTIE 1404 MIAMI FL 33093	STREET ADDRESS / CITY-ST-ZIP	700005108167--0 -03/14/02--01054--015 ****526.25 ****526.25
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STAPLE CHECK HERE

CR2E003 (9/01)

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: Jack L. Herskowitz 2/20/02 305-670 01 01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #