

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A-99 00000911**

1. Entity Name **SY Rosenblatt Family Ltd**

9999 Collins Ave #70

Principal Place of Business: **Bal Harbour, Florida 33154**
Mailing Address: **SAME**

2. Principal Place of Business: **AS ABOVE**

Suite, Apt. #, etc.

3. Mailing Address: **AS ABOVE**

Suite, Apt. #, etc.

City & State: **BAL HARBOUR, FL**

Zip: **33154** Country: **DADE**

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Zip: **33154** Country: **DADE**

FILED
01 AUG 13 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-0937801**

Applied For:
Not Applicable:

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

6. Name and Address of Current Registered Agent

SY ROSENBLATT
9999 COLLINS AVE #70
BAL HARBOUR, FL 33154

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.

SIGNATURE:  **Seymour Rosenblatt** DATE: **8/20/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. Capital Contributions as Shown on record: **2,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date: **1000**

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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	ROSENBLATT Seymour	9999 COLLINS AVE #70	BAL HARBOUR, FL 33154
	Rosenblatt, Nzt P	1887 Montgomery St.	Cardiffon Sea Ca. 92007
	Rosenblatt, Steven P	639 W. Montgomery Dr.	Newport Beach Ca 92260

13. ADDRESS CHANGES ONLY

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:  **Seymour Rosenblatt** Date: **8-20-01** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (1/1/00)