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200	UNIF	ORM BUS	INESS REP	ORT	(UBR)		^ , ,		
DOCUMENT # A9900001655						•	· .		
THE SAFRAN FAMILY LIMITED PARTNERSHIP					FILED				
Principal Place of Business Mailing Address						01 JUN -6 PM 12: 1	9		
3855 INDIAN RIVER DRIVE 3855 INDIAN			3855 INDIAN RIVER DR	IVE		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
SUITE 217 VERO BEACH FL 32960 SUITE 217 VERO BEACH FL 32960)		TALLAHASSEE, FLORIDA				
VERU BEACH PL 32300 VERU BEACH PL 32300				•					
2. Principal Place of Business 3. Ma			3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Number 59-3608068	Applied For Not Applicable		
Zip	\ c	Country	Zip	Cour	ntry	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name and	d Address of Current	Registered Agent	<u></u>	<u> </u>	7. Name and Address of New Register			
					Name				
JACOBS, DARRYL J 4731 NORTH HWY A1A					Street Address (P.O. Box Number is Not Acceptable)				
VERO BEA	CH FL 32960								
					City	<u>F</u>	Zip Code		
8. The above	named entity sul	bmits this statement fo	r the purpose of changing	its register	ed office or registe	ered agent, or both, in the State of Florida.			
SIGNATURE .	Signature, typed or prin	nted name of registered agent a	and title if applicable. (N	IOTE: Registere	d Agent signature require	ed when reinstating) DAT	E		
9. Capital Contributions as Shown on record. \$250,000.00 10. Amount of Capital C in FLORIDA to date.					butions	utions 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.	NOTE: G	GENERAL PARTNER		13.	i, an amendine	ADDRESS CHANGES			
	P99000076357	,		STRE	EET ADDRESS				
STREET ADDRESS	HSL, INC. 3855 INDIAN F VERO BEACH	RIVER DRIVE SUITE	217	CiTY	-ST-ZIP				
DOCUMENT #	<u> </u>			STRE	EET ADDRESS				
NAME STREET ADDRESS				Am					
CITY-ST-ZIP				CITY	-ST-ZIP		·		
DOCUMENT # NAME				STRE	EET ADDRESS	600004415 06/14/01	35463 -01045023		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	****526.25	****526.25		
NAME				STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP				
DDGUMENT# - NAME				STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				сіту	-ST-ZIP				
DOCUMENT #				STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				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									
SIGNAT	SIGNATURE: 4 SIGNA								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #									