2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001746

1. Entity Name
THE DLM FAMILY LIMITED PARTNERSHIP NO. 2

FILED
00 MAR 23 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3900 ISLAND BLVD., APT. 203-B AVENTURA FL 33160	3900 ISLAND BLVD., APT. 203-B AVENTURA FL 33160-4914

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0963801 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NELSON, BARRY A ESQ.
C/O NELSON & ASSOCIATES, P.A.
19495 BISCAYNE BLVD., SUITE 609
AVENTURA FL 33180

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 ______________________________ DATE
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. $1,500,000.00

10. Amount of Capital Contributions in FLORIDA to date. — 0 —

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 #	P99000017084	STREET ADDRESS	
NAME	PEARL SIEGAL FAMILY HOLDING, INC.		
STREET ADDRESS	3900 ISLAND BLVD., APT. 203-B		
CITY-ST-ZIP	AVENTURA FL 33160	CITY-ST-ZIP	400003198174--5
DOCUMENT #		STREET ADDRESS	-04/06/00--01052--025 ****141.25 ****141.25
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	dcc
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E003 (9/99)

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: SIGNATURE ON FILE Doris B Sutton 3/1/00 305-937-1909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Daytime Phone #