

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002073

1. Entity Name
THE SALZMAN FAMILY LIMITED PARTNERSHIP, L.P.

FILED

00 MAR 27 PM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
19401 W. St. Andrews Dr. SAME
Miami, FL 33015

2. Principal Place of Business 3. Mailing Address
19401 W. St. Andrews Dr. SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, FL
Zip Country Zip Country
33015 USA

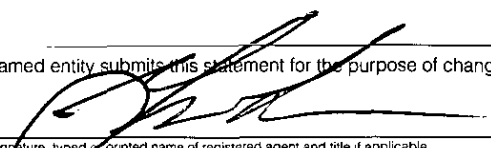
4. FEI Number Applied For
65-0966093 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
~~Gary S. Salzman~~
111 N. Orange Avenue, Suite 875
Orlando, FL 32801

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 3/17/2000
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. \$30,300 10. Amount of Capital Contributions in FLORIDA to date. \$30,300 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 #	David S. Salzman	STREET ADDRESS	
NAME	19401 W. St. Andrews Dr.	CITY-ST-ZIP	
STREET ADDRESS	Miami, FL 33015		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	388883196385-4
NAME		CITY-ST-ZIP	-04/05/00--01014--017
STREET ADDRESS			***300.85 ***300.85
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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)(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:  DAVID S. SALZMAN (305) 829-8630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)