

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002232



FILED

03 MAR 13 AM 8:42



1. Entity Name
KADURACHIM LIMITED PARTNERSHIP

Principal Place of Business 3000 ISLAND BLVD., #1702 WILLIAMS ISLAND FL 33160	Mailing Address 3000 ISLAND BLVD., #1702 WILLIAMS ISLAND FL 33160
---	---

2. Principal Place of Business 300 Island Boulevard	3. Mailing Address 3000 Island Boulevard
---	--

Suite, Apt. #, etc. #1702	Suite, Apt. #, etc. #1702
-------------------------------------	-------------------------------------

DUE BY MAY 1, 2003

City & State Aventura, FL	City & State Aventura, FL
-------------------------------------	-------------------------------------

4. FEI Number 65-0973622	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	--

Zip 33160	Country	Zip 33160	Country
---------------------	---------	---------------------	---------

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

**MANDEL, MARK
3000 ISLAND BLVD., #1702
WILLIAMS ISLAND FL 33160**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City - AVENTURA	FL Zip Code 33160

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$1,078,098.00	10. Amount of Capital Contributions in FLORIDA to date. 1,078,098.00	
--	---	--

11. **MAKE CHECK PAYABLE TO FL. 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 #	MANDEL, MARK
NAME	MANDEL, MARK
STREET ADDRESS	3000 ISLAND BLVD., #1702
CITY-ST-ZIP	WILLIAMS ISLAND FL 33160

STREET ADDRESS	3000 ISLAND BLVD #1702
CITY-ST-ZIP	AVENTURA, FL 33160

DOCUMENT #	MANDEL, ROBERTA
NAME	MANDEL, ROBERTA
STREET ADDRESS	3000 ISLAND BLVD., #1702
CITY-ST-ZIP	WILLIAMS ISLAND FL 33160

STREET ADDRESS	3000 ISLAND BLVD #1702
CITY-ST-ZIP	AVENTURA, FL 33160

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	300014062373
CITY-ST-ZIP	03/13/03--01044--021 **526.25

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
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: MANDEL, MARK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/4/03
Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE