

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # - A99000000453

1. Entity Name

CRAFTSMAN MALL LIMITED PARTNERSHIP

FILED

02 MAY 16 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

141 NE 3RD AVE., 7TH FLOOR
MIAMI FL 33132

Mailing Address

141 NE 3RD AVE., 7TH FLOOR
MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0912019

Applied For

Not Applicable

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

KLEIN, SHAMIRA

BERMAN WOLFE & RENNERT, P.A.

100 SE 2ND ST., NATIONSBANK TOWER, #3500

MIAMI FL 33131-2130

Name

NEAL SKLAR, Esq.

Street Address (P.O. Box Number is Not Acceptable)

PECKAR + ABRAMSON

One S.E. 3rd Ave. STE 3050

City

Miami

FL

Zip Code

33131

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

Signature, typed or printed name of registered agent and title if applicable.

4/23/02

DATE

9. Capital Contributions
as Shown on record.

\$1,294,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$10,000

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 # P99000025960
NAME CRAFTSMAN MALL, INC.
STREET ADDRESS 141 NE 3RD AVE., 7TH FLOOR
CITY-ST-ZIP MIAMI FL 33132

STREET ADDRESS

CITY-ST-ZIP

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167-50167-50

CR2E003 (9/01)

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/02

Date

305-379-1422
305-379-0007

Daytime Phone #