

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A94000000454**

1. Entity Name  
**BERGER/REIBACK FAMILY INVESTMENTS, LTD.**



Principal Place of Business  
**3 GROVE ISLE DRIVE, #801  
MIAMI FL 33133**

Mailing Address  
**3 GROVE ISLE DRIVE, #801  
MIAMI FL 33133**

**FILED**

**03 APR 10 AM 10:47**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **65-0477679**

Applied For

Not Applicable

Zip

Country

Zip

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

**BERGER ADOLPH J.  
3 GROVE ISLE DR.  
# 801  
MIAMI FL 33133**

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

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

**\$746,200.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # **P94000021083**  
NAME **BERGER INVESTMENTS INC**  
STREET ADDRESS **3 GROVE ISLE DRIVE, #801**  
CITY-ST-ZIP **MIAMI FL 33133**

STREET ADDRESS

CITY-ST-ZIP

**800015660928**  
**04/10/03-01092-031 \*\*526.25**

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CITY-ST-ZIP

**M THOMAS**

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)* **BERGER INVESTMENTS, INC G.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0001343

AV

CR2E003 (10/02)