

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

001544
AT

DOCUMENT # A00000000029

1. Entity Name

LEONARD BRAWER FAMILY LIMITED PARTNERSHIP NO. 2

02 FEB 22 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
7771 WEST OAKLAND PARK BLVD., SUITE 214 7771 WEST OAKLAND PARK BLVD., SUITE 214
SUNRISE FL 33351 SUNRISE FL 33351



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0980008	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRAWER, MARC H ESQ. 7771 WEST OAKLAND PARK BLVD., SUITE 214 / 22 SUNRISE FL 33351		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.

9. Capital Contributions as Shown on record. \$3,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # P96000062597	NAME LEONARD BRAWER FAMILY HOLDINGS, INC.	STREET ADDRESS	
STREET ADDRESS 7771 WEST OAKLAND PARK BLVD., SUITE 214		CITY-ST-ZIP	
CITY-ST-ZIP SUNRISE FL 33351		STREET ADDRESS	
		CITY-ST-ZIP	500005033245--6
		STREET ADDRESS	03/04/02--01007--001
		CITY-ST-ZIP	****526.25 ****526.25
		STREET ADDRESS	
		CITY-ST-ZIP	
		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: MARC H. BRAWER 2/19/02 (954) 749-0066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)