

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000071

1. Entity Name
LEIBOWITZ FAMILY INVESTMENTS LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business Mailing Address

2. Principal Place of Business 6202 ROYAL POINCIANA LANE
Suite, Apt. #, etc. 3. Mailing Address 6202 ROYAL POINCIANA LANE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State TAMARAC, FLORIDA TAMARAC, FLORIDA
Zip 33319 Country U.S.A. Zip 33319 Country U.S.A.

4. FEI Number 65-1000468 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
Name: A Z REGISTERED AGENT CORPORATION
Street Address (P.O. Box Number is Not Acceptable) 2601 SOUTH BAYSHORE DRIVE
SUITE 1600
City MIAMI FL Zip Code 33133

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. 250,000.00 10. Amount of Capital Contributions in FLORIDA to date. -0- 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
DOCUMENT # LEIBOWITZ FAMILY INVESTMENTS, INC.
NAME 6202 ROYAL POINCIANA LANE
STREET ADDRESS TAMARAC, FLORIDA 33319
CITY-ST-ZIP
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13. ADDRESS CHANGES ONLY
STREET ADDRESS
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-06/14/00--01092--019
***141.25 ***141.25
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E013 (9/99)