## 2000 UNIFORM BUSINESS REPORT (UBR

SIGNATURE: SIGNATURE and TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2000	DUILOUM BOSIL	1E33 REPU		(ODN)					
DOCU 1. Entity Nam	MENT # A00000000	)71				FILEO	ድ ፕለፕሮ		
LEIBOWITZ FAMILY INVESTMENTS LIMITED PARTNERS					SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Plac	ce of Business	Mailing Address		<u> </u>	00	MAY -3 PM	1: 33	}	
	Place of Business KOVAL POINCIANA LANG	3. Mailing Address	POIN	ICIANA LAN	E_				
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>		<del>-</del>	) NOT WRITE IN TH	IS SPACE		
JAMA	PAC, FLONIDA -		DA	4. FEI Number 65 - 1000	0468		Applied For Not Applicable		
<sup>Zip</sup> 333	19 Country U. S. 4.	33319	Coun	W. S.A.	5. Certificate of Statu	s Desired		5 Additional equired	
·	6. Name and Address of Current Rec	gistered Agent		Name 4	7. Name and Addres	4 -			
Street Address (P.O. Box Number is Not Acceptable)						HEENT CO	RPOP	ATION	
				Street Address (F	P.O. Box Number is Not Acceptable) DRIVE				
Suite 1600									
				City M 1 as	, , , , , , , , , , , , , , , , , , , ,		L Z	13133	
O The election	named entity submits this statement for th	a suppose of changing its re		/*////Y/1	ad a gapt or bath in the			55155	
SIGNATURE .									
<u>.</u>	Signature, typed or printed name of registered agent and t	<del></del>		Agent signature required	E SWARE	DAT	TOTAL CONTRACT CONTRACT	and the second s	
<ol><li>Capital Co as Shown</li></ol>	on record.	10. Amount of Capital in FLORIDA to dat		outions		MAKE CHECK PAYAI SEE REVERSE SIDE			
	A GENERAL PARTNER THA	T IS A BUSINESS ENT	ITY M	UST BE REGIST	ERED AND ACTIVE	WITH THIS OFFI	CE.	V. Table	
12.	NOTE: General Partners MAY I			an amendment					
	<del> </del>	NER INFORMATION 13. ADDRESS CHANGES ONLY  U TAJUESTO FAITS THE STREET ADDRESS							
NAME	LEIBOWITZ FAMILY IN	UVESTMENTS, INC ALANG	STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	LEIBOWITZ FAMILY IN 6202 ROYAL POINCIANS TAMARAC, FLORIDA	33319	CITY	ST-ZIP					
DOCUMENT #	TAMARAC, PLUTTER	32317	ł		<del></del>	000329 -06/14/00 ****141.	<u> </u>	<del>983</del>	
NAME			STRE	ET ADDRESS		****141.	25 *	***141.25	
STREET ADDRESS CITY-ST-ZIP			CITY	ST-ZIP					
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LOCUMENT #			STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY	ST-ZIP					
indicated	pertify that the information supplied with this on this report is true and accurate and that yer or trustee empowered to execute this re	t my signature shall have th	e same	legal effect as if ma	ction 119.07(3)(i), Florid ade under oath; that I a	a Statutes. I further m a General Partner	ertify tha of the lim	t the information lited partnership or	

Date

Daytime Phone #