## 2002 UNIFORM BUSINESS REPORT (UBR)

200	2 UNIF	ORM BUSI	NESS REP	ORT	(UBR)		APPROVIL		
DOCUMENT # A000000314  1. Entity Name  STERNLIEB HOLDINGS LIMITED PARTNERSHIP						AND FILED			
						02 APR 17 PH 12: 06			
						SECRETARY OF STATE			
Principal Place of Business Mailing Address 6608 MAYNADA STREET 6608 MAYNADA STREET CORAL GABLES FL 33146 CORAL GABLES FL 331					,		TAULAHÄSSEE, FLÖ	RIDA	
2. Principal Place of Business 3. Mailing Address									
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.				DUE BY MAY 1, 20	02	
City & State			City & State		4. FEI Numbe	65-0982410	Applied For Not Applicable		
Zip Country			Zip	ip Country		5. Certificate		\$8.75 Additional	
	6. Name an	d Address of Current F	Registered Agent	Ju	7. Name and Address of New Registered Agent				
STERNLIEB, HENRY 6608 MAYNADA STREET				*	Name  Street Address (P.O. Box Number is Not Acceptable)				
	GABLES FL 33		•						
ONINE CONTO					City Zip Code				
8. The above named entity submits this statement for the purpose of changing its re					FL   The state of				
o. me above	o named entity so	ionnia inia statementi loi	the purpose of changing	ns registen	ea onice or regis	stered agent, or both	i, in the State of Florida.		
SIGNATURE	Signature, typed or pr	inted name of registered agent an	nd title if applicable.				DATE		
9. Capital Contributions as Shown on record. \$7,500,000.00 10. Amount of Capita in FLORIDA to da					ontributions  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
	A GEN NOTE: G	NERAL PARTNER TH eneral Partners MAN	IAT IS A BUSINESS E / NOT be changed on	ENTITY M	IUST BE REGI 1: an amendm	ISTERED AND A	CTIVE WITH THIS OFFICE to change a general part	ner	
12.		GENERAL PARTNER		13.	,		ADDRESS CHANGES ONL		
DOCUMENT # NAME STREET ADDRESS		HOLDINGS, INC.		STREET ADDRES		, , , , , ,			
CITY-ST-ZIP	6608 MAYNADA STREET CORAL GABLES FL 33146		CIT		-ST-ZIP			·	
DOCUMENT # NAME				STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	I-ZIP				-ST-ZIP	0000053123808 -04/22/0201032013 *****526.25 *****526.25			
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CITY-ST-ZIP					ST-ZIP				
marcaien	Dri mis redoris i	irue and accurate and th	nis filing does not qualify f nat my signature shall hav report as required by Cha	a tha cama	logal offect ac it	Section 119.07(3)(i), f made under oath; t	Florida Statutes. I further certif hat I am a General Partner of th	that the information ie limited partnership or	

SIGNATURE: SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTIER