

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A00000000318

1. Entity Name
ECHLIN ENTERPRISES LIMITED PARTNERSHIP

FILED

02 FEB 21 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MMJ



Principal Place of Business Mailing Address

C/O ENGELBERG **C/O ENGELBERG**
3230 STIRLING ROAD **3230 STIRLING ROAD**
HOLLYWOOD FL 33021 **HOLLYWOOD FL 33021**

2. Principal Place of Business 3. Mailing Address

C/O Engelberg & Milgrim, P.L. **C/O Engelberg & Milgrim, P.L.**

Suite Apt. #, etc. Suite Apt. #, etc.

3230 Stirling Rd., Suite 1 **3230 Stirling Rd., Suite 1**

City & State City & State

Hollywood, FL **Hollywood, FL**

DUE BY MAY 1, 2002

4. FEI Number Applied For

65-0979556 Not Applicable

Zip Country Zip Country

33021 **USA** **33021** **USA**

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS ENGELBERG, ESSQ., C/O ENGELBER ETAL
3230 STIRLING ROAD
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name
Engelberg, Morris Esq.

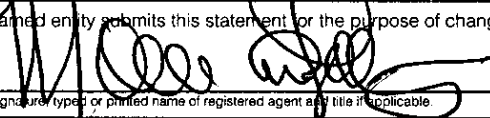
Street Address (P.O. Box Number is Not Acceptable)
C/O Engelberg & Milgrim, P.L.

3230 Stirling Rd. Suite 1

City State Zip Code

Hollywood **FL** **33021**

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 **01/29/02**

9. Capital Contributions as Shown on record. \$2,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P00000013739
NAME	ECHLIN ENTERPRISES, INC.
STREET ADDRESS	3230 STIRLING ROAD
CITY-ST-ZIP	HOLLYWOOD FL 33021
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	388885832603--9
CITY-ST-ZIP	-03/01/02--01058--010
	****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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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: **FEB 7, 02** DAYTIME PHONE #: **843-838-9222**

CP2E003 (9/01)