## **2003 LIMITED PARTNERSHIP** UNIFORM BUSINESS REPORT (UBR

## A0000000318 DOCUMENT #

1. Entity Name

ECHLIN ENTERPRISES LIMITED PARTNERSHIP



FILED 03 FEB 10 AM 11:28 Principal Place of Business
C/O ENGELBERG & MILGRIM, P.L. Mailing Address C/O ENGELBERG & MILGRIM. P.L. SECRE FARY OF STATE FALEAHASSEE, FLORIDA 3230 STIRLING RD., SUITE 1 3230 STIRLING RD., SUITE 1 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 .... 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number 65-0979556 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORRIS ENGELBERG, ESQ. C/O ENGELBERG & MILGRIM, P.L. Street Address (P.O. Box Number is Not Acceptable) 3230 STIRLING RD., SUITE 1 HOLLYWOOD FL 33021 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions \$2,000,000,00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY P00000013739 **DOCUMENT #** STREET ADDRESS ECHLIN ENTERPRISES, INC. NAME 3230 STIRLING ROAD STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 500012225095 CITY-ST-7IP CITY-ST-ZIP 02/10/03--01086--010 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS

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 Director of Echlin Enterprises, Inc.

CITY-ST-ZIP

CITY-ST-ZIP

Date

CR2E003 (10/02)