A0000000573 **DOCUMENT #**

1. Entity Name FERKAUF FAMILY LTD.



Principal Place of Business 3095 NORTH COURSE DRIVE #502 POMPANO BEACH FL 33069

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address 3095 NORTH COURSE DRIVE #502 POMPANO BEACH FL 33069

3. Mailing Address

Suite, Apt. #, etc.

FILED

03 APR 11 PM 1:55

TALLAHASSEE, FLORIDA



					DUE BY MAY 1, 2003			
City & Stat	е	City & State	City & State		4. FEI Numbe	4. FEI Number 65-1002154		
Zip	Country	Zip -	Countr	у -	5. Certificate of	of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
FERKAUF, EUGENE				Name .				
3095 NORTH COURSE DRIVE #502				Street Address (P.O. Box Number is Not Acceptable)				
POMPANO BEACH FL 33069								
1 01/11 7 11 10	5 5 E (6) (1 E 65555						,	
				City		FL	Zip Code	
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changi	ing its registered	d office or regis	stered agent, or both	n, in the State of Florida. I am	amiliar with, and accept	
SIGNATURE -	Signature, typed or printed name of registered agent a	and title if applicable.				DATE		
9. Capital Contributions as Shown on record. \$130,000.00 10. Amount of Capital in FLORIDA to date				utions ,	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINES	S ENTITY MU	ST BE REGI	ISTERED AND A	CTIVE WITH THIS OFFICE		
12. GENERAL PARTNER INFORMATION					ADDRESS CHANGES ONLY			
DOCUMENT #	FERKAUF, EUGENE 3095 NORTH COURSE DRIVE #502							
NAME				STREET ADDRESS				
STREET ADDRESS				CiTY-ST-ZIP				
CITY-ST-ZIP	POMPANO BEACH FL 33069		0111-3	11-211				
DOCUMENT #			STREET	ADDRESS	0 e\	Same Same of Same arms Same Same Same	eleli	
NAME	FERKAUF, ESTELLE 3095 NORTH COURSE DRIVE #502 POMPANO BEACH FL 33069					00157569		
STREET ADDRESS CITY-ST-ZIP				T-ZIP	U47117	0301044011	**3 <u>2</u> 0.23	
DOCUMENT#	TOMI AND BEAUTIFE 30009		*		-			
NAME	DOR, BARBARA		STREET	ADDRESS				
STREET ADDRESS	67 ALLENWOOD ROAD				•	- M-W-		
CITY-ST-ZIP	GREAT NECK NY 11023		CITY-S	T-ZIP				
DOCUMENT #			6705	ADDRESS		V4.		
NAME	BRONSTEIN, LENORE		SIREEI	ADDRESS		<u></u>		
STREET ADDRESS	105 GRIST MILL LANE		CITY-S	T-ZIP				
CITY-ST-ZIP	GREAT NECK NY 11023				1			
DOCUMENT #	QUADIDA AMV		STREET	ADDRESS				
NAME STREET ADDRESS	SHAPIRA, AMY 1107 KINGS ROW		1	<u> </u>				
CITY-ST-ZIP	CARBONDALE CO 81623		City-s	T-ZIP	•			
DOCUMENT #			CTDCTT	ADDRESS			ſ	
NAME			STREET	ADDRESS				
STREET ADDRESS	a .		CITY-ST	T-ZIP				
CITY-ST-ZIP								
14. I hereby c	ertify that the information supplied with on this report is true and accurate and t	this filing does not qual	ify for the exemp	ption stated in	Section 119.07(3)(i),	Florida Statutes. I further cert	ify that the information	

the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Stationes

SIGNATURE: