

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A00000001066

1. Entity Name
THE BERGER FAMILY LIMITED PARTNERSHIP #1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 11 PM 2:03

Principal Place of Business
100 WEST CYPRESS CREEK RD. STE 700
FORT LAUDERDALE FL 33309

Mailing Address
100 WEST CYPRESS CREEK RD. STE 700
FORT LAUDERDALE FL 33309



65-1020956

2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. EEI Number	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERGER, WILLIAM 100 WEST CYPRESS CREEK RD, STE 700 FORT LAUDERDALE FL 33309		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. 550,000 \$890,000.00	10. Amount of Capital Contribution in FLORIDA to date. \$550,000	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	BERGER, WILLIAM	CITY-ST-ZIP	
	100 WEST CYPRESS CREEK RD, STE 700		
	FORT LAUDERDALE FL		
DOCUMENT #	NAME	STREET ADDRESS	
	BERGER, FERNE	CITY-ST-ZIP	
	100 WEST CYPRESS CREEK RD, STE 700		
	FORT LAUDERDALE FL		
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		CITY-ST-ZIP	
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		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY-ST-ZIP	

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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: 1/14/02 954-267-8010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)