

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001231 AV

DOCUMENT # A00000001224

1. Entity Name  
SHERKIN FAMILY LIMITED PARTNERSHIP



FILED  
03 APR 29 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business  
800 BRICKELL AVENUE, SUITE 1115  
MIAMI FL 33131

Mailing Address  
800 BRICKELL AVENUE, SUITE 1115  
MIAMI FL 33131



2. Principal Place of Business  
800 BRICKELL AVE  
Suite, Apt. #, etc.  
SUITE 707  
City & State

3. Mailing Address  
800 BRICKELL AVE  
Suite, Apt. #, etc.  
SUITE 707  
City & State

DUE BY MAY 1, 2003

4. FEI Number 65-1028775

Applied For  
Not Applicable

Zip Country

Zip Country

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

## 6. Name and Address of Current Registered Agent

OPPENHEIM, STEVEN  
800 BRICKELL AVENUE, SUITE 1115  
MIAMI FL 33131

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
800 BRICKELL AVE, STE. 707  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Steven Oppenheim STEVEN OPPENHEIM 2/12/03  
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. \$1,295,705.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

## 13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME FENTIN, SANDRA TRUSTEE  
STREET ADDRESS 800 BRICKELL AVENUE, SUITE 1115  
CITY-ST-ZIP MIAMI FL 33131

STREET ADDRESS 800 BRICKELL AVENUE, STE. 707

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Sandra Fentin SANDRA FENTIN  
Signature and typed name of signing general partner

4/12/03 305-571-8555  
Date Daytime Phone #

CR2E003 (10/02)