

2001 UNIFORM BUSINESS REPORT (UBR)

0008014 AF

DOCUMENT # A00000001237

1. Entity Name

SAMUEL HOROWITZ FAMILY LIMITED PARTNERSHIP

FILED
01 MAR -5 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business 8176 CASSIA DR. BOYNTON BEACH FL 33437 | Mailing Address 8176 CASSIA DR. BOYNTON BEACH FL 33437 |
|--|--|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | |
|---------------|----------------|
| 4. FEI Number | Applied For |
| | Not Applicable |

| | | | | | |
|-----|---------|-----|---------|---|--------------------------------|
| Zip | Country | Zip | 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

SCHWARTZ, HOWARD L
1801 S. FEDERAL HIGHWAY, SUITE 245B
DELRAY BEACH FL 33483

| | | |
|--|----|----------|
| 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 **1/10/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|--|--|---|
| 9. Capital Contributions as Shown on record. \$0.00 | 10. Amount of Capital Contributions in FLORIDA to date. 52,50 | 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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|------------------------|--------------------------|-----------------------|
| DOCUMENT # | L00000008794 | STREET ADDRESS | |
| NAME | THE HOROWITZ, LLC | CITY-ST-ZIP | |
| STREET ADDRESS | 8176 CASSIA DR | | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33437 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | 400003819994--5 |
| STREET ADDRESS | | | 03/09/01--01029--006 |
| CITY-ST-ZIP | | | ****141.25 ****141.25 |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | 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: DATE: **2/19/01** DAYTIME PHONE #: **561-5476565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)