## **2001 UNIFORM BUSINESS REPORT (UBR)**

| DOCUMENT # A0000001297  1. Entity Name  2048 LIMITED PARTNERSHIP          |   |   |                    |   |  |  | -l  |                                | 948 AF          |
|---|---|---|--------------------|---|--|--|---|--------------------------------|-----------------|
|   |   |   |                    |   |  | FILED  |   |                                |                 |
| Principal Place of Business 3640 YACHT CLUB DRIVE. #205 AVENTURA FL 33180 |   | Mailing Address 3640 YACHT CLUB DRIVE. #205 AVENTURA FL 33180 |                    |   | O1<br>SECF   | APR -2 PM 12: ;<br>RETARY OF STATE<br>AHASSEE, ELORIO        | 2 <b>(</b> )<br>:                                     | :: I <b>GB</b> 1 I <b>GB</b> 1 |                 |
| 2. Principal F  | Place of Business   | 3. Mailing Address  | 3. Mailing Address |   | SECRETARY OF STATE TALLAHASSEE ELOPIDA                         |  |   |                                |                 |
| Suite, Apt. #, etc. Suite, Apt. #, etc.                                   |   |   |                    |   | DO NOT WRITE IN THIS SPACE                                     |  |   |                                |                 |
| City & Stat   | te  | City & State  |                    |   | 4. FEI Num   | ber  | <del>[ [ ]                                 </del>     | lied For<br>Applicable         |                 |
| Zip Country   |   | Zip Coun  |                    | ntry  | 5. Certifica   | e of Status Desired [  | \$8.75 Additi   | ional                          |                 |
|   | 6. Name and Address of Curren   | t Registered Agent  |                    |   | 7. Name ar   | d Address of New Regis                                       |   |                                |                 |
| CAPLUS, ROSALYN<br>3640 YACHT CLUB DRIVE, #205                            |   |   |                    | Name Street Address (P.O. Box Number is Not Acceptable) |  |  |   |                                |                 |
| AVENTURA FL 33180   |   |   |                    | City  | City FL Zip Code   |  |   |                                | 1               |
| SIGNATURE  9. Capital Co as Shown   | on record.  | 10. Amount of Capita in FLORIDA to da                         | I Contri<br>ate.   |   |  | SEE REVERSE S  | DATE  AYABLE TO DEPT. OF SIDE FOR FEE INFORM          |                                |                 |
|   | A GENERAL PARTNER NOTE: General Partners M  | THAT IS A BUSINESS ENT<br>AY NOT be changed on th             | TITY M<br>e form   | UST BE REGIST   | TERED AND  | ACTIVE WITH THIS O ed to change a gener                      | FFICE.<br>al partner.                                 |                                |                 |
| 12.   | GENERAL PARTNE  |   | 13.                |   |  | ADDRESS CHANG  |   |                                | =               |
| STREET ADDRESS  | KAPLUS, ROSALYN 3640 YACHT CLUB DRIVE, #205 AVENTURA FL 33180   |   | 1                  | STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS             |  |  |   |                                | CR2E003 (11/00) |
| DOCUMENT #  |   |   | CIDI               |   |  |  |   |                                | SRZE            |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     |   |   |                    | -ST-ZIP   | F  | :0000399   | <br>92656-  |                                | Ū               |
| DOCUMENT # **   |   |   |                    | EET ADDRESS   | 600003992656<br>-04/11/0101100012<br>****\$526.25 ****\$526.25 |  |   | 2                              |                 |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |   | CITY               | -ST-ZIP   |  |  |   |                                |                 |
| DOCUMENT # NAME STREET ADDRESS  |   |   |                    | EET ADORESS   |  |  |   |                                |                 |
| CITY ST-ZIP<br>DOĞUMENT #   |   |   | CITY               | - ST-ZIP  |  |  |   |                                |                 |
| name<br>Street address  |   | •   |                    | -ST-ZIP   |  | · .  |   |                                |                 |
| CITY-ST-ZIP  DOCUMENT #   |   |   | STRE               | ET ADDRESS  |  |  |   |                                |                 |
| NAME<br>Street Address<br>City-St-Zip                                     |   |   | CITY               | -ST-ZIP   | · · · · · · · · · · · · · · · · · · ·                          |  |   |                                |                 |
| indicated   | certify that the information supplied wit<br>on this report is true and accurate and<br>ver or trustee empowered to execute the | d that my signature shall have t                              | he same            | e legal effect as if n                                  | ection 119.07(3<br>nade under oa                               | )(i), Florida Statutes. I furt<br>h; that I am a General Par | her certify that the info<br>tner of the limited part | ormation<br>tnership or        |                 |