

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001297

1. Entity Name

2048 LIMITED PARTNERSHIP

FILED

02 MAR 11 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

3640 YACHT CLUB DRIVE, #205
AVENTURA FL 33180

Mailing Address

3640 YACHT CLUB DRIVE, #205
AVENTURA FL 33180

2. Principal Place of Business

3598 YACHT CLUB DR.

3. Mailing Address

3598 YACHT CLUB DR.

Suite, Apt. #, etc.

1703

Suite, Apt. #, etc.

1703

DUE BY MAY 1, 2002

City & State

AVENTURA FLORIDA

City & State

AVENTURA FLORIDA

4. FEI Number

65-1033470

Applied For

Not Applicable

Zip

33180

Country

Zip

33180

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAPLUS, ROSALYN

3640 YACHT CLUB DRIVE, #205

AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

KAPLUS, ROSALYN

Street Address (P.O. Box Number is Not Acceptable)

3598 YACHT CLUB DRIVE #1703

City

AVENTURA

FL

Zip Code

33180

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

Rosalyn Kaplus

1/23/02

Signature, typed or printed name of registered agent and fee if applicable.

DATE

9. Capital Contributions

\$5,000,000.00

as Shown on record.

10. Amount of Capital Contributions

in FLORIDA to date.

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

DOCUMENT #
NAME KAPLUS, ROSALYN
STREET ADDRESS 3640 YACHT CLUB DRIVE, #205
CITY-ST-ZIP AVENTURA FL 33180

13. ADDRESS CHANGES ONLY

STREET ADDRESS 3598 YACHT CLUB DRIVE #1703
CITY-ST-ZIP AVENTURA, FLORIDA 33180

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
600005133356--9
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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:

Rosalyn Kaplus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/23/02 305 931-1220

DATE

Daytime Phone #

CR2E003 (9/01)