

# 2001 UNIFORM BUSINESS REPORT (UBR)


0004613 AF

<b>DOCUMENT #</b> A00000001384			
<b>1. Entity Name</b> BURSTEIN FAMILY LIMITED PARTNERSHIP			
<b>Principal Place of Business</b> 4101 PINE TREE DRIVE, #603 MIAMI BEACH FL 33140		<b>Mailing Address</b> 4101 PINE TREE DRIVE, #603 MIAMI BEACH FL 33140	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
<b>6. Name and Address of Current Registered Agent</b>			
SCHRADER, MICHAEL F ATTY. 295 SEVILLA AVENUE CORAL GABLES FL 33134			
<b>7. Name and Address of New Registered Agent</b>			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
State			
Zip Code			
<b>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.</b>			
SIGNATURE _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<b>9. Capital Contributions as Shown on record.</b>		<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	
\$869,749.65			
<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
<b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	BURSTEIN, ROSE	CITY-ST-ZIP	
STREET ADDRESS	4101 PINE TREE DRIVE, #603		
CITY-ST-ZIP	MIAMI BEACH FL 33140		
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STREET ADDRESS			
CITY-ST-ZIP			

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b>	<b>Applied For</b>
65-1040287	Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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:** SIGNATURE REQUIRED Burstein 1/30/2001 (305) 6736058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)