

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # A00000001405

1. Entity Name

RS FAMILY LIMITED PARTNERSHIP

02 FEB 27 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 9312

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 9312

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-1038839

Applied For

Not Applicable

Zip

33014-9861

Country

USA

Zip

33014-9861

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Rowland Schaefer, c/o Claire's Stores, Inc.

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

3 S.W. 129th Avenue, Suite 400

City

Pembroke Pines,

FL

Zip Code

33027

**DO NOT WRITE
IN THIS SPACE**

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

Rowland Schaefer

2/18/02

DATE

9. Capital Contributions
as Shown on record.

\$50,000,000

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
STREET ADDRESS
CITY - ST - ZIP

P00000074043
Schaefer Family Holdings, Inc.
P.O. Box 9312
Miami, Florida 33014

STREET ADDRESS

CITY - ST - ZIP

800005041968--0

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Rowland Schaefer

2/18/02

Expiry

(954) 733-3900

Daytime Phone #

CR2E000B (12/01)

STAPLE CHECK HERE