

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

FILED

DOCUMENT #A00000001509

1. Entity Name

RS FAMILY LIMITED PARTNERSHIP NO. 2

02 FEB 27 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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.

DUE BY MAY 1

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-1044381

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

Roland 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

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

Paula 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 33014-9861

STREET ADDRESS
CITY - ST - ZIP

700005041967--

-03/04/02--0117--022

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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:

Paula Schaefer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/18/02

Date

(954) 433-3900

Display Phone #

CR2E003B (12/01)

STAPLE CHECK HERE