

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001807

1. Entity Name
THE TENENBAUM LIMITED PARTNERSHIP



FILED
03 MAY -5 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~16205 COLLINS AVENUE APT. 104~~
~~MIAMI FL 33154~~

Mailing Address
~~16205 COLLINS AVENUE APT. 104~~
~~MIAMI FL 33154~~



2. Principal Place of Business
2540 N.E. 48th Court

3. Mailing Address
2540 N.E. 48th Court

Suite, Apt. #, etc.

City & State
Lighthouse Point, Fla

Zip Country
33064 USA

DUE BY MAY 1, 2003

4. FEI Number 65-1072412

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FROST, IRWIN M
1111 BRICKELL AVENUE, SUITE 2050
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *DK* DATE

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

9. Capital Contributions
as Shown on record. \$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # P00000110195
NAME MAXWELL S, INC.
STREET ADDRESS ~~16205 COLLINS AVENUE APT. 104~~
CITY-ST-ZIP ~~MIAMI FL 33154~~

13. ADDRESS CHANGES ONLY

STREET ADDRESS 2540 N.E. 48th Court

CITY-ST-ZIP Lighthouse Point, Florida 33064

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP 000016213330
04/17/03--01035--001 **100.00

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CITY-ST-ZIP 000016213330
05/05/03--01035--002 **41.25

DOCUMENT #
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CITY-ST-ZIP

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: *Maxwell S, Inc.* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-14 -03 954 42-0301
Date Daytime Phone #

CR2E003 (10/02)

0010306 AT

STAPLE CHECK HERE