

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001832 AT

DOCUMENT # A00000001881

1. Entity Name
**THE ELEANOR K. ROSENTHAL-LICHTENSTEIN FAMILY LIM
ITED PARTNERSHIP**



FILED

03 JAN 30 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
11780 U.S. HIGHWAY ONE, SUITE 300
NORTH PALM BEACH FL 33408

Mailing Address
11780 U.S. HIGHWAY ONE, SUITE 300
NORTH PALM BEACH FL 33408

2. Principal Place of Business
3893 E ROAD
Suite, Apt. #, etc.

3. Mailing Address
3893 E ROAD
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
LOXAHATCHEE GROVES, FL
Zip
33470
Country
PALESTINE

City & State
LOXAHATCHEE GROVES, FL
Zip
33470
Country
PALESTINE

4. FEI Number **65-1058001**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY ONE, SUITE 300
NORTH PALM BEACH FL 33408

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

9. Capital Contributions as Shown on record. **\$4,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,262,653 -**

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 #
NAME **UDELL, JANE**
STREET ADDRESS **2893 E. ROAD**
CITY-ST-ZIP **LOXAHATCHEE GROVES FL 33470**

DOCUMENT #
NAME **ROSENTHAL, RICHARD**
STREET ADDRESS **2020 EAST SPEEDWAY**
CITY-ST-ZIP **TUCSON AZ 85719**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS **200011396072**
CITY-ST-ZIP **01/30/03--01042--012 **526.25**

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-28-003

Date Daytime Phone #

CR2E003 (10/02)