

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004265 AV

**DOCUMENT # A00000002019**

1. Entity Name  
**HOPE LACE, LLLP**



**FILED**

03 FEB 27 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
**6100 PARK OF COMMERCE BLVD.  
BOCA RATON FL 33487**

Mailing Address  
**6100 PARK OF COMMERCE BLVD.  
BOCA RATON FL 33487**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

727

**DUE BY MAY 1, 2003**

6. Name and Address of Current Registered Agent

**JABLIN, ROBERT**  
**6100 PARK OF COMMERCE BLVD.**  
**BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**000013150350**  
**02/27/03--01019--011 \*\*526.25**  
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. **\$2,000,000.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P00000116325 RVAK, INC. 6100 PARK OF COMMERCE BLVD. BOCA RATON FL 33487</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
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

**X 2/16/03** **X 561-995-2426**  
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE