2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000431

FILED

2003 MAY -8 AM 8:53

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. Entity Name
RAPOPORT PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
123 LAKESHORE DRIVE, #1942 NORTH PALM BEACH FL 33408	123 LAKESHORE DRIVE, #1942 NORTH PALM BEACH FL 33408

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number ~~APPLIED FOR~~ 65-1095213 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAPOPORT, ARTHUR M 123 LAKESHORE DRIVE, #1942 NORTH PALM BEACH FL 33408	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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,500,000.00	1,000	52.50 Due

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000026694		
NAME	A. M. RAPOPORT, INC.		
STREET ADDRESS	123 LAKESHORE DRIVE, #1942		
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			900014692213 ~~05/25/03--01085--007 **52.50~~
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			900014692219 05/08/03--01044--024 **88.75
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			
NAME			
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: Arthur M. Rapoport - Arthur M. Rapoport 3-17-03 561-775-9351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone Number

STAPLE CHECK HERE

CR2E013 (10/02)

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