2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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FILED
03 JUN 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000572

1. Entity Name
RIFKIN FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
8515 EGRET MEADOW LANE WEST PALM BEACH FL 33412	8515 EGRET MEADOW LANE WEST PALM BEACH FL 33412

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 3333 HENRY HUDSON PKWY
City & State	City & State RIVERDALE, N.Y.
Zip / Country	Zip 10463 / Country U.S.A.

DUE BY MAY 1, 2003

4. FEI Number 65-1098325 ☐ 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
RIFKIN FAM. INCORPORATED 8515 EGRET MEADOW LANE WEST PALM BEACH FL 33412	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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$7,500.00		

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 #	P01000042333	STREET ADDRESS	
NAME	RIFKIN FAMILY, INC.	CITY-ST-ZIP	300017230453 04/29/03--01017--002 **52.50
STREET ADDRESS	8515 EGRET MEADOW LANE		
CITY-ST-ZIP	WEST PALM BEACH FL 33412		
DOCUMENT #		STREET ADDRESS	3333 HENRY HUDSON PKWY - APT. 15S
NAME		CITY-ST-ZIP	RIVERDALE, N.Y. 10463
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	300017230453
NAME		CITY-ST-ZIP	06/23/03--01103--002 **88.75
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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: Irving Rifkin SIGNATURE REQUIRED 1/13/03 561-630-0062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE