

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

02 APR 10 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001360
1. Entity Name THE ROSENTHAL FAMILY LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7555 Porto Vecchio Place Suite, Apt. #, etc.	3. Mailing Address 7555 Porto Vecchio Place Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Delray Beach, FL 33446	City & State Delray Beach, FL 33446	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33446	Country USA	Zip 33446	Country USA

DUE BY MAY 1

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name IRWIN M. FROST
Street Address (P.O. Box Number is Not Acceptable)
1111 Brickell Avenue
Suite 2050
City Miami FL Zip Code 33131

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.

SIGNATURE *Irwin M. Frost* 3/13/02
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$100	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	L82847 Rosenthal Holdings, Inc. 7555 Porto Vecchio Place Delray Beach, FL 33446	STREET ADDRESS CITY-ST-ZIP 100005258311-8 -04/12/02-01089-016 ****141.25 ****141.25
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STAPLE CHECK HERE

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: *Pearl Rosenthal*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER PEARL ROSENTHAL Date Daytime Phone #

PEARL ROSENTHAL