

2002 UNIFORM BUSINESS REPORT (UBR)

0010322 AT

DOCUMENT # **A01000001395**

1. Entity Name
ROSENTHAL FAMILY INVESTMENTS, LTD.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR -4

Principal Place of Business
**6400 S.W. 44TH STREET
MIAMI FL 33155**

Mailing Address
**6400 S.W. 44TH STREET
MIAMI FL 33155**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0020019

Applied For
 Not Applicable

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

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**M & W AGENTS, INC.
2101 CORPORATE BLVD., SUITE 107
BOCA RATON FL 33431**

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.

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

9. Capital Contributions as Shown on record. **\$20,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$100,000**

11. **MAKE CHECK PAYABLE TO 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

13. ADDRESS CHANGES ONLY

DOCUMENT #	L01000013739
NAME	ROSENTHAL MANAGEMENT LLC
STREET ADDRESS	6400 S.W. 44TH STREET
CITY-ST-ZIP	MIAMI FL 33155
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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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: *Robert Rosenthal* **Robert Rosenthal** *3/22/02* **305-986-8389**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)