LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 14 PM 12:00

WL 6/3

DOCUMENT # A01000001404

1. Entity Name

KRONOVET FAMILY LTD.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
C/O ABRANS ABTON, P.A.	P.O. BOX 457
Suite, Apt. #, etc.: 2021 TYLER STREET	Suite, Apt. #, etc.:
City & State: HOLLYWOOD, FLORIDA	City & State: MATTHEWS, NORTH CAROLINA
Zip: 33020 Country: US	Zip: 28106 Country: US

DUE BY MAY 1

4. FEI Number: 65-1146330 ☐ Applied For ☐ Not Applicable

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: GLASSER, GENE K.

Street Address (P.O. Box Number is Not Acceptable): 2021 TYLER STREET

City: HOLLYWOOD FL Zip Code: 33020

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
1,500,000.00		

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

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	KRONOVET, DAVID 11011 MONROE ROAD MATTHEWS, NORTH CAROLINA 33019	STREET ADDRESS CITY-ST-ZIP: 600018961526 05/14/03--01095--005 **978.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GOLDKLANG, CONSTANCE 3074 XAVIER PLACE OCEANSIDE, NEW YORK 11572	STREET ADDRESS CITY-ST-ZIP
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STAPLE CHECK HERE

CR2E003B (12/02)

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: David Kronovet DAVID KRONOVET 4/15/03 Constance Goldklang 5-1-03 704-847-9141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #