2002 UNIFORM BUSINESS REPORT (UBR)

LR5/20 A01000001511 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # 1. Entity Name LIPSCHUTZ FAMILY LIMITED PARTNERSHIP 02 HAY -2 AM 11: 12 Principal Place of Business Mailing Address 434 L'AMBIANCE DRIVE. UNIT #K305 434 L'AMBIANCE DRIVE, UNIT #K305 LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 2. Principal Place of Business c/o Sarasota Bay Club 3. Mailing Address c/o Sarasota Bay Club Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** 1301 N. Tamiami Trail 1301 N. Tamiami Trail City & State City & State 4. FEI Number Applied For Sarasota. Florida Sarasota. Florida 65-1151927 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 34236 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Lipschutz, Marion LIPSCHUTZ, MARION Street Address (P.O. Box Number is Not Acceptable) 434 L'AMBIANCE DRIVE, UNIT #K305 c/o Sarasota Bay Club **LONGBOAT KEY FL 34228** 1301 North Tamiami Trail City S<u>arasota</u> 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. MARION LIPSCHUT 9. Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions \$100,000.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 1,066,398 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS c/o Sarasota Bay Club 1301 N. Tamiami Trail LIPSCHUTZ, MARION TRUSTEE NAME 434 L'AMBIANCE DRIVE, UNIT #K305 STREET ADDRESS CITY-ST-ZIP **LONGBOAT KEY FL 34228** CITY-ST-ZIP Sarasota, Florida 34236 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 600005610846--1 -05/24/02--01065--031 DOCUMENT # STREET ADDRESS \*\*\*\*526.25° \*\*\*\*526,25 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET AUDRESS CITY-ST-ZIP CITY-ST.,ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT #

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

CITY-ST-7IP

STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP

DYRED MAKION CIPSCHUTZ