

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000186

1. Entity Name
STROK FAMILY LIMITED PARTNERSHIP



Principal Place of Business
1051 HILLSBORO MILE. APT. 906E
HILLSBORO BEACH FL 33062

Mailing Address
1051 HILLSBORO MILE. APT. 906E
HILLSBORO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number

03-0457604

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

ATKINSON, WILSON C III ESQ
% ATKINSON, DINER, STONE, MAKUTA ET AL.
1946 TYLER STREET
HOLLYWOOD FL 33020

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

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

DATE

9. Capital Contributions
as Shown on record. \$2,000,300.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # P02000000567
NAME STROK MANAGEMENT, INC.
STREET ADDRESS 1051 HILLSBORO MILE, APT. 906E
CITY-ST-ZIP HILLSBORO BEACH, FL 33062

STREET ADDRESS

CITY-ST-ZIP

200015488492

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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: Elizabeth M. Strok

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/3/03

954-946-4541

Date

Daytime Phone #

0009461 AT

CR2E003 (10/02)