

2001 UNIFORM BUSINESS REPORT (UBR) FILED

DOCUMENT # A19785

1. Entity Name

FJS Properties Fund I, L.P., Limited Partnership

01 MAR -9 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

401 Executive Center Dr.

Mailing Address

401 Executive Center Dr.

West Palm Beach, FL 33401

West Palm Beach, FL 33401

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

13-3252067

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Berman Wolfe Rennert Vogel & Mandler, P.A.

100 Southeast Second Street

Suite 3500

Miami, FL 33131

7. Name and Address of New Registered Agent

Name Registered Agents of Florida, LLC

Street Address (P.O. Box Number is Not Acceptable)

100 Southeast Second Street

Suite 3500

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

Jeffrey Mandler

Jeffrey Mandler, VP

1/23/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$8,391,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

P40997
FJS Properties, Inc.
264 Route 537 East
Colts Neck, NJ 07722

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

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:

Sheldon Liebowitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Authorized Representative

Sheldon Liebowitz

(954) 491-4511

Daytime Phone #

CR2E003 (11/00)

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