

2001 UNIFORM BUSINESS REPORT (UBR)

0008239 AF

DOCUMENT # A23433
 1. Entity Name
1271 BLOCK, A LIMITED PARTNERSHIP

FILED

01 APR 25 PM 12:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business C/O HAROLD SORENS 14425 STRATHMORE LANE STE. #802 DELRAY BEACH FL 33446	Mailing Address C/O HAROLD SORENS 14425 STRATHMORE LANE STE. #802 DELRAY BEACH FL 33446
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 22-2338972	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SORENS, HAROLD
14425 STRATHMORE LANE SUITE 802
DELRAY BEACH FL 33446

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. \$61,297.46	10. Amount of Capital Contributions in FLORIDA to date. 61,297.46	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	SORENS, HAROLD 14425 STRATHMORE LN, #802 DELRAY BEACH FL
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	429.08-up
CITY-ST-ZIP	88.75-Adm
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800004213608---7
CITY-ST-ZIP	05/11/01-01152-025 *****517.83 *****517.83
STREET ADDRESS	
CITY-ST-ZIP	
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: *Harold Sorens* **REQUIRED** **4/23/01** **516-495-9004**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)