

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A26866

1. Entity Name

COUNTY LINE ROAD LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 27 AM 3:05

Principal Place of Business

C/O OAKWOOD ENT.
1801 ROCKVILLE PIKE STE 340
ROCKVILLE MD 20852

Mailing Address

C/O OAKWOOD ENT.
1801 ROCKVILLE PIKE STE 340
ROCKVILLE MD 20852-1633



ny

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0076782**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

STOLAR, ALLEN D.
290 N.W. 165TH STREET, S-M400
MIAMI FL 33169

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. **\$560,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **HOLTZMAN, ROBERT**
STREET ADDRESS **5600 WISCONSIN AVENUE**
CITY - ST - ZIP **CHECY CHASE MD**

STREET ADDRESS
CITY - ST - ZIP
000003259690--0
-05/22/00--01001--006

DOCUMENT #
NAME **PLATT, WILLIAM**
STREET ADDRESS **5610 WISCONSIN AVENUE**
CITY - ST - ZIP **CHEVY CHASE MD**

STREET ADDRESS
CITY - ST - ZIP
535.00 535.00

DOCUMENT #
NAME **ROSE, ALLEN**
STREET ADDRESS **533 ASHLAND AVENUE**
CITY - ST - ZIP **CHICAGO HEIGHTS IL**

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME **STOLAR, ALLEN D.**
STREET ADDRESS **290 NW 165TH ST., #M400**
CITY - ST - ZIP **MIAMI FL**

STREET ADDRESS **21249 HARROW COURT**
CITY - ST - ZIP **BOCA RATON, FL 33433-7453**

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CITY - ST - ZIP

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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: SIGNATURE ALLEN D. STOLAR, General Partner 4-24-00 (305) 949-6655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

6/1/00 10:20