

# 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

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.

\$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

\$35.00

\$35.00

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

CITY - ST - ZIP

21249 HARROW COURT

BOCA RATON, FL 33433-7453

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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NAME  
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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 #

(6/0) 100 2-0