

# 2001 UNIFORM BUSINESS REPORT (UBR)

1015972 AF

DOCUMENT # **A26866**

1. Entity Name

**COUNTY LINE ROAD LIMITED PARTNERSHIP**

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

01. JAN 29 AM 11:52  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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**

DO NOT WRITE IN THIS SPACE

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)  
**21301 Powerline Road**  
**Suite # 306**  
City **Boca Raton, FL** FL **33433**

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 *Allen D. Stolar*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**01-24-01**

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 **200003662252--8**  
CITY-ST-ZIP **02/08/01-01034-021**  
**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

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

STREET ADDRESS **200003662252--8**  
CITY-ST-ZIP **02/08/01-01034-022**  
**\*\*\*\*\*8.75 \*\*\*\*\*8.75**

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 **21301 Powerline Road**  
CITY-ST-ZIP **Suite # 306**  
**Boca Raton, FL 33433**

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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:

*Robert Holtzman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **GEN. PARTNER**

Date

Daytime Phone #

**1/11/01 301-230 1302**

CR2E003 (11/00)