

2001 UNIFORM BUSINESS REPORT (UBR)

X015972 AF

DOCUMENT # A26866
 1. Entity Name
COUNTY LINE ROAD LIMITED PARTNERSHIP

FILED

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
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0076782**
 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
**STOLAR, ALLEN D.
 290 N.W. 165TH STREET, S-M400
 MIAMI FL 33169**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
**21301 Powerline Road
 Suite # 306**
 City **Boca Raton, FL** FL Zip Code **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* **Allen D. Stolar** DATE **01-24-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 #	HOLTZMAN, ROBERT	STREET ADDRESS	200003662252--8
NAME	5600 WISCONSIN AVENUE	CITY-ST-ZIP	02/08/01-01034-021
STREET ADDRESS	CHECY CHASE MD		****526.25 ****526.25
CITY-ST-ZIP		STREET ADDRESS	200003662252--8
		CITY-ST-ZIP	-02/08/01--01034--022
			*****8.75 *****8.75
DOCUMENT #	PLATT, WILLIAM	STREET ADDRESS	
NAME	5610 WISCONSIN AVENUE	CITY-ST-ZIP	
STREET ADDRESS	CHEVY CHASE MD		
CITY-ST-ZIP			
DOCUMENT #	ROSE, ALLEN	STREET ADDRESS	
NAME	533 ASHLAND AVENUE	CITY-ST-ZIP	
STREET ADDRESS	CHICAGO HEIGHTS IL		
CITY-ST-ZIP			
DOCUMENT #	STOLAR, ALLEN D.	STREET ADDRESS	21301 Powerline Road
NAME	290 NW 165TH ST., #M400	CITY-ST-ZIP	Suite # 306
STREET ADDRESS	MIAMI FL		Boca Raton, FL 33433
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		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: *Robert Holtzman* **Robert Holtzman** DATE **1/11/01** DAYTIME PHONE # **301-230 1302**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)