

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0015361 AF

DOCUMENT # **A26866**

1. Entity Name  
**COUNTY LINE ROAD LIMITED PARTNERSHIP**

02 APR 15 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**



DO NOT WRITE IN THIS SPACE

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

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

4. FEI Number **65-0076782**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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)  
**21249 Harrow Court  
City Boca Raton FL Zip Code 33433-7453**

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 **4-10-02**  
Signature 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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>HOLTZMAN, ROBERT 5600 WISCONSIN AVENUE CHECY CHASE MD</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>PLATT, WILLIAM 5610 WISCONSIN AVENUE CHEVY CHASE MD</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>ROSE, ALLEN 533 ASHLAND AVENUE CHICAGO HEIGHTS IL</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>STOLAR, ALLEN D. 290 NW 165TH ST., M400 MIAMI FL</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	<b>400005293674--3 -04/18/02--01068--016 *****8.75 *****8.75</b>
STREET ADDRESS	
CITY - ST - ZIP	<b>400005293674--3 04/18/02 01068 017 *****526.25 *****526.25</b>
STREET ADDRESS	<b>21249 HARROW COURT</b>
CITY - ST - ZIP	<b>BOCA RATON, FL 33433-7453</b>
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: **ALLEN D. STOLAR, General Partner** **4-10-02** **(561) 487-8990**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)

LAW OFFICES OF  
**ALLEN DAVID STOLAR**  
21301 POWERLINE ROAD, SUITE 306  
BOCA RATON, FLORIDA 33433-2891

TEL: (561) 487-8990  
FAX: (561) 487-8199

4-11-02

Division of Corporations  
Registration Section

P.O. Box 6327  
Tallahassee, FL 32314

re: DOCUMENT # A26866

please send the Certificate of Good Standing to  
the undersigned at the above address.

Thank you.

