2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

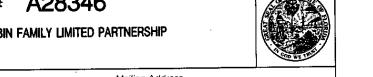
DOCUMENT # A2	28346
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1. Entity Name

THE DIANA E. A. RUBIN FAMILY LIMITED PARTNERSHIP



03 JAN 31 PM 12: 21



1490 SHORELINE WAY
HOLLYWOOD FL 33019

City & State

Zip

Mailing Address 1490 SHORELINE WAY HOLLYWOOD FL 33019

City & State

Zip

2. Principal Place of Business	3. Mailing Address	[
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DUE BY MAY 1, 2003

DUE BY MAY 1, 2003		
0090440		Applied For
0030440	П	Not Applicable

Fee Required

\$8.75 Additional

	l		<u> </u>	
6.	Name and A	ddress of Current	Registered A	gen

Country

RUBIN, DIANA 1490 SHORELINE WAY HOLLYWOOD FL 33019

Name	•	
O	Class Nicombas in Not Appoints	hlo)

5. Certificate of Status Desired

4. FEI Number

City	 Zip Code	

65-0090440

7. Name and Address of New Registered Agent

	the state of Claric	in I am familiar with and accept
Q	. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floric	a. Tarritarrillar with, and accept
•	the obligations of registered agent.	

Country

SIGNATURE :	
GIGHTATORE	Signature, typed
9. Capital Co	ntributions
as Shown	on record.

\$100.00

or printed name of registered agent and title if applicable.

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

DATE

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.

DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
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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:

STAPLE CHECK HERE

954 -456-1981 Daytime Phone #