

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30948**

1. Entity Name  
**RESORT HRF LIMITED PARTNERSHIP**



**FILED**

03 APR 16 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**4182 LIVE OAK BLVD.  
DELRAY BEACH FL 33445**

Mailing Address  
**4182 LIVE OAK BLVD.  
DELRAY BEACH FL 33445**

2. Principal Place of Business  
**501**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0235730**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DUE BY MAY 1, 2003**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELNER, JAY**  
**4182 LIVE OAK BLVD.**  
**RESORT HRF LIMITED PARTNERSHIP**  
**DELRAY BEACH FL 33445**

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. I am familiar with, and accept the obligations of, registered agent.

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

9. Capital Contributions  
as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **1,000.00**

11. **MAKE CHECK PAYABLE TO FL 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 # **F93000000614**  
NAME **DHD CORP**  
STREET ADDRESS **600 CENTRAL AVE., #365**  
CITY-ST-ZIP **HIGHLAND PARK IL 60035**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **FELNER, JAY**  
NAME **4182 LIVE OAK BLVD.**  
STREET ADDRESS **DELRAY BEACH FL 33445**

STREET ADDRESS

CITY-ST-ZIP

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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: **DHD Corp.**  
By: **Robert U. Goldman**, Treas. 3/25/03 (847) 432-3666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0012432 AT

0012432 AT

(20/01) 0003243