FILED

2003 APR 23 AM 9:12

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A30968

1. Entity Name
HASAM REALTY LIMITED PARTNERSHIP

Principal Place of Business
2501 S. OCEAN DR., #419
HOLLYWOOD, FL 33131

Mailing Address
2501 S. OCEAN DR., #419
HOLLYWOOD, FL 33131

2. Principal Place of Business: P.O. Box 551150
Suite, Apt. #, etc.
City & State: Ft. Lauderdale FL
Zip: 33355 Country: USA

3. Mailing Address: P.O. Box 551150
Suite, Apt. #, etc.
City & State: Ft. Lauderdale FL
Zip: 33355 Country: USA

DUE BY MAY 1, 2003

4. FEI Number: 65-0232375 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FROST, IRWIN M
1111 BRICKELL AVE., SUITE 2050
MIAMI, FL 33131

7. Name and Address of New Registered Agent

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. DATE

9. Capital Contributions as Shown on record. **$28,330,150.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #	Z00324	STREET ADDRESS	P.O. Box 551150
NAME	FRIEDCO, L.C.		
STREET ADDRESS	2501 S. OCEAN DRIVE		
CITY-ST-ZIP	HOLLYWOOD, FL	CITY-ST-ZIP	Ft. Lauderdale, FL 33355
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
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CR2E003 (10/02)

STAPLE CHECK HERE

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: [signature] J. M. FRIEDLAND (954) 927 3080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #