

FROM : OGRV&CO.

PHONE NO. :

Sep. 14 2001 03:58PM P2

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31362

1. Entity Name

SABRA ASSOCIATES, LTD.

Principal Place of Business

Mailing Address

2. Principal Place of Business

175 BRADLEY PLACE

3. Mailing Address

175 BRADLEY PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH FL

City & State

PALM BEACH FL

Zip

33480

Country

USA

Zip

33480

Country

4. FBI Number

59-6191427

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERT D. RAPAPORT
175 BRADLEY PLACE
PALM BEACH FL 33480

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when relinquishing)

DATE

9. Capital Contributions

as Shown on record. \$1,250,000.00

10. Amount of Capital Contributions

in FLORIDA to 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	RAPAPORT, ROBERT D.	CITY-STATE-ZIP	
CITY-STATE-ZIP	175 BRADLEY PLACE PALM BEACH FL		
DOCUMENT #	NAME	STREET ADDRESS	800004599038
STREET ADDRESS	SCHecter, AARON	CITY-STATE-ZIP	
CITY-STATE-ZIP	1060 NORTH NORTHLAKE DRIVE HOLLYWOOD, FL		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-STATE-ZIP	
CITY-STATE-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-STATE-ZIP	
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-STATE-ZIP	
CITY-STATE-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 D. RAPAPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

9/14/01 561.659.5311

GR2003 (11/00)

Sent By: The Rapaport Companies;

561 655 0160;

Sep-19-01 2:46PM;

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A 31362

**SABRA ASSOCIATES, LTD.
175 BRADLEY PLACE
PALM BEACH, FL 33480**

Attn: Carla

September 19, 2001

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

FILED
01 SEP 19 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Annual Report for Sabra Associates, Ltd.

Gentlemen:

Please be advised that the Annual Report for Sabra Associates, Ltd. was never received.

Very truly yours,

Robert D Rapaport

ROBERT RAPAPORT, General Partner

BK

K:\CLIENTS-P-R\Rapaport,Rob\Corresp. 2001\Florida Department of State-ltr.wpd



A31362

ACCOUNT NO. : 072100000032

REFERENCE : 489952 80690A

AUTHORIZATION : *Patricia Pignatelli*

COST LIMIT : \$ ~~507.50~~

ORDER DATE : September 18, 2001

ORDER TIME : 3:25 PM

ORDER NO. : 489952-005

CUSTOMER NO: 80690A

CUSTOMER: Evan D. Seif, Esq
Breier And Seif, P.a.
Suite 1125
2800 Ponce De Leon Boulevard
Coral Gables, FL 33134

ANNUAL REPORT FILING

NAME: SABRA ASSOCIATES, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull-EXT#1135

EXAMINER'S INITIALS: _____

FILED
01 SEP 19 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
01 SEP 19 PM 3:57
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA