

2000, 2001, 2002 & 2003  
**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A92000000622

1. Entity Name

SHERIDAN MANAGEMENT SERVICES LTD.



FILED

03 MAR 24 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

400014910714  
03/28/03--01051--018 \*\*632.20

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

60 N. BEINHAKER

3. Mailing Address

SAME

Suite, Apt. #, etc.

4060 C SHERIDAN ST.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

4. FEI Number

65-0372923

Applied For

Not Applicable

Zip

33021

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DUE BY MAY 1**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Robert M. Kramer

Street Address (P.O. Box Number is Not Acceptable)

60 Kramer & Zuckerman, P.A.

4000 Hollywood Blvd., #485 South

City

Hollywood

FL

Zip Code

33021

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]*

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

DATE

9. Capital Contributions

as Shown on record.

\$9,900.00

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BEINHAKER, DEBRA  
4060-C SHERIDAN STREET  
HOLLYWOOD FL 33021

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

\$632.20 AR

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/19/03

954 987 6200

Date

Daytime Phone #

CR2E003B (12/02)