## 2002 UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HERE

|   |                                   |  |                       |   |                    |  |   |  |                                  |  | ,      |
|---|-----------------------------------|--|-----------------------|---|--------------------|--|---|--|----------------------------------|--|--------|
| DOCUMENT # A9300000296  1. Entity Name  |                                   |  |                       |   |                    |  |   | FILED  |                                  |  |        |
| P.S. FRANKLIN, LTD.   |                                   |  |                       |   |                    |  | 02 MAR 25 PM 3: 16  |  |                                  |  | :      |
|   |                                   |  |                       | iling Address<br>20 HARRISON ST. 7TH<br>DLLYWOOD FL 33020 | FLOOR              |  |   | SECRETARY OF STATE ' TALLAHASSEE. FLORIDA                  |                                  |  |        |
| 2. Principal Place of Business  |                                   |  |                       | Mailing Address   |                    |  |   |  |                                  |  |        |
| Suite, Apt. #, etc.   |                                   |  | Suite, Apt. #, etc.   |   |                    | DUE BY MAY 1, 2002                         |   |  |                                  |  |        |
| City & State  |                                   |  | С                     | City & State  |                    |  | 65-0305148  |  | Applied Fo                       |  |        |
| Zip Country   |                                   |  | 1                     | îp  | Coun               | ntry                                       |   | 5. Certificate of Status Desired See Required Fee Required |                                  |  |        |
|   | 6. Name                           | and Address of Current                             | Regist                | ered Agent  | <del></del>        |  | 7. Name and Address of New Registered Agent                                   |  |                                  |  |        |
| ALINAHAW FATA   |                                   |  |                       |   |                    | Name                                       |   |  |                                  |  |        |
| CHIKOUSKY, FRED<br>1720 HARRISON ST   |                                   |  |                       |   |                    | Street Address                             | s (P.O. Box Number  | is Not Acceptable)   |                                  |  |        |
| 7TH FL  |                                   |  |                       |   |                    |  |   |  |                                  |  |        |
| HOLLYWOOD FL 33020  |                                   |  |                       |   |                    | 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 a              | and title if          | applicable.   |                    |  | · · · · · · · · · · · · · · · · · · ·   |  | DATE                             |  |        |
| 9. Capital Contributions as Shown on record. \$505,890.00 10. Amount of Capital in FLORIDA to da  |                                   |  |                       |   | ate.               |  | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |  |                                  |  |        |
|   |                                   | ENERAL PARTNER T<br>General Partners MA            |                       |   |                    |  |   |  |                                  | ner.   |        |
| 12. GENERAL PARTNER INFORMATION   |                                   |  |                       |   |                    |  | ADDRESS CHANGES ONLY  |  |                                  |  |        |
| DOCUMENT #<br>NAME  | P.S. DEVE                         |  |                       | STRE  | EET ADDRESS        |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                       |  |                                  | 4/0/01   |        |
| STREET ADDRESS<br>CITY-ST-ZIP   | 1101111000 DI TORRES              |  |                       |   |                    | -ST-ZIP                                    |   |  |                                  |  | B2E003 |
| DOCUMENT #<br>NAME  | į                                 |  |                       |   | STRE               | EET ADDRESS                                |   |  |                                  |  |        |
| STREET ADDRESS<br>CITY-ST-ZIP   |                                   |  |                       |   | CITY               | -ST-ZIP                                    |   |  |                                  |  |        |
| DOCUMENT #<br>NAME  |                                   |  |                       |   | STRE               | EET ADDRESS                                | 6   | 00005<br>-04/02  | !/!!2==!                         | 305 m3   | 7      |
| STREET ADDRESS<br>CITY-ST-ZIP   |                                   |  |                       |   | CITY               | -ST-ZIP                                    |   | ****5  | 26.25<br>———                     | ****526.2<br>                                    | 5      |
| DOCUMENT #<br>NAME  |                                   |  |                       |   | STRE               | EET ADDRESS                                |   |  |                                  |  |        |
| STREET ADDRESS<br>CITY-ST-ZIP   |                                   |  |                       |   | CITY               | -ST-ZIP                                    |   |  |                                  |  |        |
| NAME  |                                   |  |                       |   | STRE               | EET ADDRESS                                |   | 5 - 4 9 - 1  | eri                              |  |        |
| STREET ADDRESS<br>CITY-ST-ZIP   |                                   |  |                       |   | CITY               | -ST-ZIP                                    |   |  |                                  | . 1 . 1 . 1                                      |        |
| NAME  |                                   |  |                       |   | STRE               | ET ADDRESS                                 |   | <del></del>  |                                  |  | _   '  |
| STREET ADORESS  | <u> </u>                          |  | 11.7 20.0             |   |                    | -ST-ZIP                                    |   | <u> </u>   |                                  |  |        |
| indicated   | ertify that the<br>on this report | information supplied with is true and accurate and | this filli<br>that my | ng does not quality for<br>/ signature shall have t       | rie exe<br>he same | mption stated in t<br>e legal effect as if | section (19.07(3)(1),<br>made under oath; ti                                  | riorida Statutes. H<br>hat I am a General                  | iurtner certify<br>Partner of th | y triat the information<br>le limited parthershi | p or   |