

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001168

1. Entity Name
LEWIN FAMILY LTD.



FILED
03 APR 17 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8302 SUMMERSONG TERRACE
BOCA RATON FL 33496

Mailing Address
8302 SUMMERSONG TERRACE
BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0447635

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLASER, GENE K
C/O ABRAMS, ANTON, ROBBINS, ET AL
2021 TYLER STREET
HOLLYWOOD FL 33022

Name Rita Lewin

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

8302 Summersong Terrace

City Boca Raton

FL

Zip Code 33496

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. \$490,050.00

10. Amount of Capital Contributions in FLORIDA to date. \$1,305,394

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 # P93000019597
NAME RYL, INC.
STREET ADDRESS 8302 SUMMERSONG TERRACE
CITY-ST-ZIP BOCA RATON FL 33496

STREET ADDRESS

CITY-ST-ZIP

600016207196

DOCUMENT #
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STREET ADDRESS

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: X SIGNATURE REQUIRED

4/15/03

(561) 488-2703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0012945 AT