## 2002 UNIFORM BUSINESS REPORT (UBR)

APPRUVE A93000001169 **DOCUMENT #** 1. Entity Name 02 APR 18 PM 2: 26 KRICKSTEIN PARTNERS LTD. SECRETARY OF STATE FALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 7559 FAIRMONT COURT 7559 FAIRMONT COURT **BOCA RATON FL 33496 BOCA RATON FL 33496** 3. Mailing Address 2. Principal Place of Business as above Suite, Apt. #, etc. **DUE BY MAY 1, 2002** Applied For City & State 4. FEI Number City & State 65-0453192 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GLASSER, GENE K Street Address (P.O. Box Number is Not Acceptable) C/O ABRAMS, ANTON, ROBBINS, ET AL 2021 TYLER STREET Zip Code **HOLLYWOOD FL 33022** City 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. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$4,124,633.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT # STREET ADDRESS KRICKSTEIN, HERBERT I NAME 7559 FAIRMONT COURT STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP 000005338770-DOCUMENT # STREET ADDRESS KRICKSTEIN, EVELYN 7559 FAIRMONT COURT \*\*\*\*526.25 STREET ADDRESS \*\*\*\*526.25 CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NEE

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

CITY-ST-ZIP

STREET ADDRESS

CITY ST-ZIP

15/02 561-482-0090 Dayline Phone #