

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012949 AT

**DOCUMENT # A93000001169**



**FILED**  
03 MAY -2 PM 7:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. Entity Name  
**KRICKSTEIN PARTNERS LTD.**

Principal Place of Business  
7559 FAIRMONT COURT  
BOCA RATON FL 33496

Mailing Address  
7559 FAIRMONT COURT  
BOCA RATON FL 33496



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

4. FEI Number **65-0453192**

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Herbert Krickstein*  
Signature, typed or printed name of registered agent and title if applicable.

*4/29/03*  
DATE

9. Capital Contributions as Shown on record. **\$4,124,633.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME **KRICKSTEIN, HERBERT I**  
STREET ADDRESS **7559 FAIRMONT COURT**  
CITY-ST-ZIP **BOCA RATON FL 33496**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME **KRICKSTEIN, EVELYN**  
STREET ADDRESS **7559 FAIRMONT COURT**  
CITY-ST-ZIP **BOCA RATON FL 33496**

STREET ADDRESS  
CITY-ST-ZIP

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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: *Herbert Krickstein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4/29/03*  
Date

*561-482-0090*  
Daytime Phone #

CR2E003 (10/02)

SIMPLE CHECK HERE