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THE EDITH A. BERLIN FAMILY LIMITED PARTNERSHIP # /

Principal Place of Business 7167 VIA PALOMAR **BOCA RATON FL 33433** 

2. Principal Place of Business

Suite, Apt. #, etc.

7167 VIA PALOMAR **BOCA RATON FL 33433** 

City & State

Zip

Mailing Address

Zip

7167 VIA PALOMAR **BOCA RATON FL 33433**  01

FILED

AUG 15 PH 12: 17

5. Certificate of Status Desired

J. Mailing Address		ALLAHAS III	LAHASTE FIDETA		
Suite	, Apt. #, etc.		DUE BY SEPTEMBER 2	26, 2001	
City	& State	4. FEI Number	65-0531109	Applied For Not Applicable	

6. Name and Address of Current Registered Agent BERLIN, EDITH A

Country

Country

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

City

(NOTE: Registered Agent signature required when reinstating)

7. Name and Address of New Registered Agent - ----

Zip Code

\$8.75 Additional

Fee Required

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.

9. Capital Contributions

as Shown on record.

Signature, typed or printed name of registered agent and title if applicable. \$1,825,097.00

10. Amount of Capital Contributions in FLORIDA to date. # 1, 360

11. MAKE CHECK PAYABLE TO 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.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT ≠ NAME	BERLIN, EDITH A TRUSTEE	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	7167 VIA PALOMAR BOCA RATON FL 33433	CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	7000045393777 -08/17/0101014023
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STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT <b>#</b> NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST <u>#</u> ZIP		CITY-ST-ZIP	
OOCUMENT #	í	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		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

