

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004229 AV

DOCUMENT # A94000001748

1. Entity Name
KRAMER FAMILY LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN 14 PM 5:29

1/17

Principal Place of Business
4706 BOCAIRE BLVD.
BOCA RATON FL 33487

Mailing Address
4706 BOCAIRE BLVD.
BOCA RATON FL 33487



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0541597

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KRAMER, SARAH
4706 BOCAIRE BLVD.
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,878,723.00

10. Amount of Capital Contributions in FLORIDA to date. \$1,878,723.00

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 #	KRAMER, SARAH	STREET ADDRESS	
NAME	4706 BOCAIRE BLVD.	CITY-ST-ZIP	000010082670
STREET ADDRESS	BOCA RATON FL 33487		01/14/03--01070--010 **526.25
CITY-ST-ZIP		STREET ADDRESS	
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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: * *Sarah Kramer* SIGNATURE REQUIRED

1/10/03 561-994-0139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)