

2002 UNIFORM BUSINESS REPORT (UBR)

0012542 AT

DOCUMENT # **A94000001815**

1. Entity Name
BENAIM FAMILY LIMITED PARTNERSHIP

FILED
02 APR 30 PM 4:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business
**7340 S.W. 56TH STREET
MIAMI FL 33156**

Mailing Address
**C/O ROBIN DEMONACO
102 COASTAL WAY
JUPITER FL 33477**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
**C/O Monroe N. Benaim
P.O. Box 3719
TEQUESTA, FL**

DUE BY MAY 1, 2002

Zip Country
33469 USA

4. FEI Number **65-0547319**
Applied For
Not Applicable

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

**BENAIM, MONROE N
102 COASTAL WAY
JUPITER FL 33477**

Name
Street Address (P.O. Box Number is Not Acceptable)
956 Pompano Drive
City **Jupiter** FL Zip Code **33458**

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.

SIGNATURE DATE

9. Capital Contributions as Shown on record. **\$1,019,841.00**

10. Amount of Capital Contributions in FLORIDA to date.

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.
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 #	P94000051284
NAME	BENAIM, INCORPORATED
STREET ADDRESS	7340 S.W. 56TH STREET
CITY-ST-ZIP	MIAMI FL 33156
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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STREET ADDRESS	
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STREET ADDRESS	700005505287--5
CITY-ST-ZIP	-05/13/02--01015--012
STREET ADDRESS	****526.25 ****526.25
CITY-ST-ZIP	
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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: DATE: **2/2/02** 561-743-4029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (9/01)