

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012879 AT

**DOCUMENT # A94000001815**



1. Entity Name  
**BENAIM FAMILY LIMITED PARTNERSHIP**

FILED  
03 APR 11 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

Mailing Address  
**C/O MONROE N. BENAIM  
P.O. BOX 3719  
TEQUESTA FL 33469**

2. Principal Place of Business		3. Mailing Address		<b>DUE BY MAY 1, 2003</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0547319</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BENAIM, MONROE N 102 COASTAL WAY JUPITER FL 33477</b>			Name <b>Monroe N. BENAIM</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>535 E. INDIANTOWN Rd.</b>		
			City <b>Jupiter, FL</b> Zip Code <b>33477</b>		

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. <b>\$1,019,841.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	STREET ADDRESS	
NAME	BENAIM, INCORPORATED	CITY-ST-ZIP	
STREET ADDRESS	7340 S.W. 56TH STREET		
CITY-ST-ZIP	MIAMI FL 33156		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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~~04/11/03 01008-003 \*\*526.25~~

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:** *Monroe N. Benaim* **REQUIRED** 4/8/03 561743-4029  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)