

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-0547319

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

BENAIM, MONROE N
102 COASTAL WAY
JUPITER FL 33477

Name Monroe N. BENAIM

Street Address (P.O. Box Number is Not Acceptable)
535 E. INDIANTOWN RD.

City Jupiter, FL

FL

Zip Code 33477

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

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 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 # P94000051284
NAME BENAIM, INCORPORATED
STREET ADDRESS 7340 S.W. 56TH STREET
CITY-ST-ZIP MIAMI FL 33156

STREET ADDRESS
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: BENAIM REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/8/03

Date

561 743-4029

Daytime Phone #

CR2E003 (10/02)