

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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FILED

2003 JAN 28 AM 10:03

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DOCUMENT # A94000001874 1. Entity Name H. & H. PARTNERS, LTD.	
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Principal Place of Business 9771 SOUTH DIXIE HIGHWAY MIAMI FL 33156	Mailing Address 9771 SOUTH DIXIE HIGHWAY MIAMI FL 33156
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003	
4. FEI Number 65-0541462	Applied For
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOLLUB, HARRY 9771 SOUTH DIXIE HIGHWAY MIAMI FL 33156

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
20001132142
01/28/03--01057--003 **526.25
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. \$2,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT #	P94000062091
NAME	THE HOLLUB GROUP, INC.
STREET ADDRESS	9771 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP	MIAMI FL 33156
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ **SIGNATURE REQUIRED** 1/24/03 305 665 4275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)