

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012827 AT

WR
1/15

DOCUMENT # A95000000010
 1. Entity Name
SHEINSON FAMILY INVESTMENT COMPANY, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 JAN -9 AM 9:06

Principal Place of Business
**272 SE 5TH AVE
 DELRAY BEACH FL 33483**

Mailing Address
**272 SE 5TH AVE
 DELRAY BEACH FL 33483**



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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DUE BY MAY 1, 2003

4. FEI Number **NOT APPLICABLE**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SHEINSON, MICHAEL P
 272 SE 5TH AVE
 DELRAY BEACH FL 33483**

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. **\$1,210,092.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SHEINSON, MICHAEL P TRUSTEE 272 SE 5TH AVE DELRAY BEACH FL 33483
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13. ADDRESS CHANGES ONLY	
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/3/03 (561) 266-8708
Date Daytime Phone #

CR2E003 (10/02)