2002 UNIFORM	BUSINESS	REPORT	(UBR
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DOCUMENT # AS	95000000143		•	FILED	
SOL TAPLIN FAMILY PARTNERSHIP, LTD.			02 MAY -2 PM 2: 24		
Principal Place of Business Mailing Address 8350 NW 52ND TERRACE 8350 NW 52ND TERRACE #301 #301 MIAMI FL 33166 MIAMI FL 33166		ACE		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.			DUE BY MAY 1, 2002		
City & State	City & State			4. FEI Number 65-0551707 Applied For Not Applied For	
Zip Country	Zip	Country	у	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of	of Current Registered Agent> > ~ -		a Henry Control	7. Name and Address of New Registered Agent	
			Name		
Lapidus, steven B 1221 Brickell Avenue		-	Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33131					
		<u> </u>	City	□ Zip Code	
8. The above named entity submits this of	stomant for the number of the size is			FL Zip Code stered agent, or both, in the State of Florida.	
SIGNATURE Signature, typed or printed name of reg	jistered agent and title if applicable.			DATE	
as Shown on record.	IN PLOHIDA to	date.		11. MAKE CHECK PAYABLE TO DEPT, OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
A GENERAL PAI NOTE: General Par	RTNER THAT IS A BUSINESS E	NTITY MU	ST BE REGI	ISTERED AND ACTIVE WITH THIS OFFICE. sent must be filed to change a general partner.	
12. GENERAL	PARTNER INFORMATION	13.		ADDRESS CHANGES ONLY	
DOCUMENT # P94000090345 NAME SOL TAPLIN FAMILY CO		STREET	ADDRESS		
CITY-ST-ZIP MIAMI FL 33166	√ E	CITY-ST	-ZIP	9000055555099	
DOCUMENT # NAME STREET ADDRESS		STREET A	ADDRESS	-05/16/0201068028 ****526.25 ****526.25	
CITY-ST-ZIP		CITY-ST	-ZIP		
OCCUMENT #			ADDRESS	ent to the state of the state o	
CITY-ST-ZIP		CITY-ST	- ZIP		
NAME STREET ADDRESS		STREET A	ADDRESS		
CITY-ST-ZIP		CITY-ST-	-ZIP		
OOCUMENT # NAME STREET ADDRESS		STREET A	DDRESS		
CITY-ST ₂ ZIP	· · · · · · · · · · · · · · · · · · ·	CITY-ST-	ZIP		
IAME STREET ADDRESS		STREET A	<u> </u>		
CITY-ST-ZIP	officed with this CP	CITY-ST-			
indicated on this report is true and accu	pried with this filing does not qualify four irate and that my signature shall have ecute this report as required by Chap	or the exempt the same legoter 620, Flori	tion stated in S gal effect as if ida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or	

SIGNATURE: _/

SECULATORE RESIDERED

SIGNA DRE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/02 954-791-7600