

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # A95000001481

1. Entity Name

SELTZER FAMILY PARTNERSHIP, LTD.

02 APR 18 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 17047 BOCA CLUB BLVD., #122A BOCA RATON FL 33487	Mailing Address 17047 BOCA CLUB BLVD., #122A BOCA RATON FL 33487
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2002	
4. FEI Number 65-0614389	Applied For Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SELTZER, JASON 17047 BOCA CLUB BLVD., #122A BOCA RATON FL 33487
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. SIGNATURE: <i>Jason Seltzner, GP</i> DATE: 4/15/02

9. Capital Contributions as Shown on record. \$2,330,742.84	10. Amount of Capital Contributions in FLORIDA to date. 2330742.84	11. MAKE CHECK PAYABLE TO 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 #	NAME
NAME	SELTZER, JASON
STREET ADDRESS	17047 BOCA CLUB BLVD. #122A
CITY-ST-ZIP	BOCA RATON FL 33487
DOCUMENT #	NAME
NAME	SELTZER, HELEN
STREET ADDRESS	17047 BOCA CLUB BLVD. #122A
CITY-ST-ZIP	BOCA RATON FL 33487
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600005338786--0
CITY-ST-ZIP	-04/25/02--01013--026
STREET ADDRESS	****526.25 ****526.25
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: <i>Jason Seltzner</i> DATE: 4/15/02	561-988-8040
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CR2E003 (9/01)