2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

A95000001686 DOCIMENT# 1. Entity Name FILED THE ISIDORE MISRAHI FAMILY LIMITED PARTNERSHIP # 03 JAN 10 AM 11:03 Principal Place of Business Mailing Address 18121 SW 144 COURT 18121 SW 144 COURT SECNETARY OF STAIL MIAMI FL 33177 MIAMI FL 33177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number Applied For 65-0627141 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MISRAHI, ISIDORE TRUSTEE 9805 NW 52 ST., SUITE 517 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33178 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions \$416,050,00 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME MISRAHI, ISIDORE TRUSTEE 18121 S.W. 144 COURT STREET ADDRESS 9805 NW 52 ST., SUITE 517 CITY-ST-ZIF MIAMI FL 33178 CITY-ST-7IP <u> MIAHI FLA. 33177</u> DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 3000),00261 CITY-ST-ZIP CITY-ST-ZIP 01/10/03--01087--004 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

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

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

DOCUMENT #

NAME STREET ADDRESS City-St-7IP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JAN. 8-2003

M THOMAS