2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001932

FILED

02 FEB 28 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000028999 AV

1. Entity Name

BLUE ANGEL LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
319 CLEMATIS STREET SUITE 901 WEST PALM BEACH FL 33401	319 CLEMATIS STREET SUITE 901 WEST PALM BEACH FL 33401

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DUE BY MAY 1, 2002

4. FEI Number 59-3230864 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOLFE, LEON J ESQ. C/O BERMAN, WOLFE & RENNERT, P.A. 100 S.E. 2ND STREET, 3500 INTERNATIONAL PL MIAMI FL 33131-2130	Name: The Richman Group of Florida, Inc. Street Address (P.O. Box Number is Not Acceptable): 319 Clematis St. #901 City: West Palm Beach FL Zip Code: 33401

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: [signature] President
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$4,534,052.00		

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P93000082822	STREET ADDRESS	
NAME	THE RICHMAN GROUP OF FLORIDA, INC.	CITY-ST-ZIP	
STREET ADDRESS	319 CLEMATIS STREET		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		
DOCUMENT #	N96000004947	STREET ADDRESS	400005041924--7
NAME	BLUE ANGEL HOUSING CORPORATION		-03/04/02--01116--002
STREET ADDRESS	302 N. BARCELONA STREET	CITY-ST-ZIP	***1578.75 ****526.25
CITY-ST-ZIP	PENSACOLA FL 32501		
DOCUMENT #		STREET ADDRESS	
NAME			
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STREET ADDRESS		CITY-ST-ZIP	#526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

CR2E003 (9/01)

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] President

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