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03 JUN -2 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000002067

1. Entity Name
BEAR FAMILY LIMITED PARTNERSHIP

400020305634
06/02/03--01036--019 **526.25

Principal Place of Business	Mailing Address
625 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401	625 NORTH FLAGLER DRIVE 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, 2003

4. FEI Number 65-0640218 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLAND & KNIGHT, LLP
625 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name: Peter Matwiczyk, Esq.
Street Address (P.O. Box Number is Not Acceptable): 625 North Flagler Drive
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 5-20-03
Signature, typed or printed name of registered agent and title if applicable — DATE

9. Capital Contributions as Shown on record. $1,367,399.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	BEAR, DAVID		
STREET ADDRESS	625 NORTH FLAGLER DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
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CR2E003 (10/02)

STAPLE CHECK HERE

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] David M. Bear, General Partner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #