

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000Q00163

1. Entity Name

FRANZBLAU FAMILY LIMITED PARTNERSHIP

Principal Place of Business
12372 QUERCUS LANE
WEST PALM BEACH FL 33414

Mailing Address
12372 QUERCUS LANE
WEST PALM BEACH FL 33414-4126



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0626231

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DONOFF, CRAIG
6100 GLADES ROAD
SUITE 204
BOCA RATON FL 33434**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

\$2,280,000.00

10. Amount of Capital Contributions

in FLORIDA to date: **1,372,692**

11. MAKE CHECK PAYABLE TO 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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
**FRANZBLAU, AARON
12372 QUERCUS LANE
WEST PALM BEACH FL 33414**

STREET ADDRESS

CITY - ST - ZIP

800003288708--7

06/14/00 01054 021

*****526.25 ***526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**FRANZBLAU, SARAH
12372 QUERCUS LANE
WEST PALM BEACH FL 33414**

STREET ADDRESS

CITY - ST - ZIP

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**FILED
00, MAY -5 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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 REQUIRED

Aaron Franzblau

(561) 793-4299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #