

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT.# A96000000163

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

2. Principal Place of Business
7898 Laina Lane

3. Mailing Address
7898 Laina Lane

Suite, Apt. #, etc.

Unit #4

City & State
Boynton Beach, Florida

Zip
33437

Country
Palm Beach

Suite, Apt. #, etc.

Unit #4

City & State
Boynton Beach, Florida

Zip
33437

Country
Palm Beach

4. FEI Number

65-0626231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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
as Shown on record.

\$2,280,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,652,692

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
7898 Laina Lane -Unit #4
Boynton Beach, FL 33437

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

STREET ADDRESS
CITY-ST-ZIP
7898 Laina Lane -Unit #4
Boynton Beach, FL 33437

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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900004418729--3
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DOCUMENT #
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

01 MAY 14 AM 9:15

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE