

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A960000J0163

1. Entity Name

FRANZBLAU FAMILY LIMITED PARTNERSHIP

Principal Place of Business

7898 LAINA LANE
UNIT #4
BOYNTON BEACH FL 33437

Mailing Address

7898 LAINA LANE
UNIT #4
BOYNTON BEACH FL 33437

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

65-0626231

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

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.

DATE

9. Capital Contributions
as Shown on record.

\$2,280,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1902577

IF 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
7898 LAINA LANE UNIT #4
BOYNTON BEACH FL 33437

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
FRANZBLAU, SARAH
7898 LAINA LANE UNIT #4
BOYNTON BEACH FL 33437

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

AARON FRANZBLAU

3/3/03

Date

(561) 736-2089

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -9 PM 2:58

