2000	UNIFOR	RM BUSI	NESS REPO	RT (UBR)		A Dr	N. er.	
DOCUI	MENT #	A9600	\9600000406			APPROVED AND FILED		
THE KAPLAN BROTHERS FAMILY PARTNERSHIP HB-I, LTD					my	00 MAR 31	AM IO: 32	
Principal Place of Business 2000 S.W. 56TH AVENUE PLANTATION FL 33317		Mailing Address 2000 S.W. 56TH AVENUE PLANTATION FL 33317-5940			4/1/2	SECRETAR TALLAHASSI	Y OF STATE EE, FLORIDA	
2. Principal Place of Business		3. Mailing Address				i s iliia liiii laiii oliii 15iii 80iii	18 00 06 10 018 0 33 00 1 00 188	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State			City & State		4. FEI Number	65-0697281	Applied For Not Applicable	
Zip	Cour	ntry	Zip	Country	5. Certificate of	Status Desired -	\$8.75 Additional Fee Required	
6 Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent				
KAPLAN, HARRY 2000 S.W. 56TH AVENUE PLANTATION FL 33317				Street Address	Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	Zip Code	
9. Capital Contributions \$0.00 10. Amount of Capita								
SIGNATURE	Signature, special or printed untributions	name of registered agent ar	nd title if applicable. (NOTE	Registered Agent signature required Contributions		DATE 11. MAKE CHECK PAYABLE		
SIGNATURE .	Signature, toda or printed on tributions on record.	pame of registered agent ar \$0.00	10. Amount of Capita in FLORIDA to de	Registered Agent signature required Contributions atte.	Lifed when reinstating)	DATE 11. MAKE CHECK PAYABLE SEE REVERSE SIDE FO	E TO DEPT. OF STATE OR FEE INFORMATION E.	
SIGNATURE	Signature, typed or printed on record. A GENER NOTE: General	pame of registered agent ar \$0.00	10. Amount of Capita in FLORIDA to da HAT IS A BUSINESS ENTY NOT be changed on the	Registered Agent signature required Contributions atte.	Lifed when reinstating)	DATE 11. MAKE CHECK PAYABLE SEE REVERSE SIDE FO	E TO DEPT. OF STATE OR FEE INFORMATION E. rtner.	
9. Capital Coas Shown of 12. DOCUMENT # NAME	Signature, toda or printed on tributions on record. A GENER NOTE: Gene	parne of registered agent ar \$0.00 RAL PARTNER THE ITAL PARTNER MAN ENERAL PARTNER	10. Amount of Capita in FLORIDA to da HAT IS A BUSINESS ENTY NOT be changed on the	Registered Agent signature required in Contributions atte. TITY MUST BE REG e form; an amendm	Lifed when reinstating)	11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOR TIVE WITH THIS OFFICE to change a general part	E TO DEPT. OF STATE OR FEE INFORMATION E. rtner.	
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9. Capital Conas Shown of 12. DOCUMENT # NAME STREET ADDRESS	Signature, your or printed on tributions on record. A GENER NOTE: Gene GENER CONTEST OF THE CON	\$0.00 RAL PARTNER THE PARTNER THE PARTNER MANERAL PARTNER ENERAL PARTNER	10. Amount of Capita in FLORIDA to da HAT IS A BUSINESS ENTY NOT be changed on the	Registered Agent signature required Contributions atte. FITY MUST BE REG e form; an amendmental amend	STERED AND AC	DATE 11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOR TIVE WITH THIS OFFICE TO Change a general part ADDRESS CHANGES ON THE CONTROLL OF THE CONTRO	E TO DEPT. OF STATE OR FEE INFORMATION E. rtner.	
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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

CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

CITY-ST-ZP



WARCH

X00C

Date

Daytime Phone #