

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011292 AT

<b>DOCUMENT # A96000000411</b> 1. Entity Name <b>THE KAPLAN BROTHERS FAMILY PARTNERSHIP NINTH STR EET, LTD.</b>	
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FILED  
03 MAR 28 AM 10: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>2000 S.W. 56TH AVENUE PLANTATION FL 33317</b>	Mailing Address <b>2000 S.W. 56TH AVENUE PLANTATION FL 33317</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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**DUE BY MAY 1, 2003**

4. FEI Number <b>65-0695061</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KAPLAN, HARRY  
2000 S.W. 56TH AVENUE  
PLANTATION FL 33317**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$0.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>KAPLAN, HARRY 2000 S.W. 56TH AVENUE PLANTATION FL 33317</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>500014854035</b>
CITY-ST-ZIP	<b>03/28/03--01007--011 **141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 REQUIRED* MARCH 26, 2003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)