

2001 UNIFORM BUSINESS REPORT (UBR)

0004707 AF

DOCUMENT # A96000000491

1. Entity Name

ZENDERMAN FAMILY LIMITED PARTNERSHIP #1, LTD.

FILED

01 APR 20 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 727 FAIRWAY DR. MIAMI BEACH FL 33147	Mailing Address 727 FAIRWAY DR. MIAMI BEACH FL 33147
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0653052	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LABINER, PAUL S
2255 GLADES ROAD
SUITE 422A
BOCA RATON FL 33431

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]* (NOTE: Registered Agent signature required when reinstating)
DATE 4/9/2001

9. Capital Contributions as Shown on record. \$300,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #		STREET ADDRESS	
NAME	ZENDERMAN, ENRIQUE	CITY-ST-ZIP	
STREET ADDRESS	727 FAIRWAY DR.		
CITY-ST-ZIP	MIAMI BEACH FL 33147		
DOCUMENT #		STREET ADDRESS	400004137004--6
NAME	ZENDERMAN, MARCELA	CITY-ST-ZIP	-05/04/01--01090--003
STREET ADDRESS	727 FAIRWAY DR.		****526.25 ****526.25
CITY-ST-ZIP	MIAMI BEACH FL 33147		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 3/31/01 Daytime Phone # 305-573-0043

CR2E003 (11/00)