## 2000 UNIFORM BUSINESS REPORT (UBR) A96000000617 DIVISION OF COKPORATIONS DOCUMENT # 1. Entity Name LINSA, LTD. 00 MAY -1 PH 12: 06\_ Principal Place of Business Mailing Address 7280 WEST PALMETTO PARK ROAD, SUITE 306-N 7280 WEST PALMETTO PARK ROAD. SUITE 306-N **BOCA RATON FL 33433 BOCA RATON FL 33433-3401** 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0656383 Not Applicable Zip Country Zip Country \$8.75 Additional $\Box$ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Beaver Properties, Inc. COHN, ALAN B Street Address (P.O. Box Number is Not Acceptable) 7280 W. Palmetto Park Road C/O ABRAMS, ANTON, ET AL 2021 TYLER STREET Suite 306N HOLLYWOOD FL 33022 City Boca <u>Raton</u> 8. The above named entity automits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Peter Sabga, President 04/26/2000 SIGNATURE ! typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 10. Amount of Capital Contributions in FLORIDA to date. \$1,219,444.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions \$2,220,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. P96000013800 DOCUMENT # STREET ADDRESS KASSIS HOLDINGS, INC. NAME 7280 WEST PALMETTO PARK ROAD, SUITE 306-N STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP DOCUMENT # -06/07/00--01008--024 STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADORESS NAME-STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT#

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

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SIGNATURE DOSERNISADGAD

FED NAME OF SIGNING GENERAL PARTNER

SIGNATURE AND TYPED

1 to 1 1

04/26/2000

(561) 392-2777

Daytime Phone