

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000864**

1. Entity Name

N. JOEL AND ELAINE EHRENKRANZ FAMILY PARTNERSHIP

Principal Place of Business **HOLLAND & KNIGHT LLP**
701 BRICKELL AVENUE, STE. 300
MIAMI FL 33134

Mailing Address **HOLLAND & KNIGHT LLP**
701 BRICKELL AVENUE, STE. 300
MIAMI FL 33134

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, STE. 3000
MIAMI FL 33131

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FILED *M-9/10*
01 APR 27 PM 3:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0702708	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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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, typed or printed name of registered agent and title if applicable. (NOT a Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	\$110,000.00	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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13.	ADDRESS CHANGES ONLY
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS
NAME	EHRENKRANZ, N. JOEL		
STREET ADDRESS	10867 WHITEHAWK STREET		
CITY-ST-ZIP	PLANTATION FL 33324	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS
NAME	EHRENKRANZ, ELAINE		
STREET ADDRESS	10867 WHITEHAWK STREET		
CITY-ST-ZIP	PLANTATION FL 33324	CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP		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: *N. Joel Ehrenkranz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/24/01**

Daytime Phone # **(954) 817-4603**

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CR2E003 (11/00)