

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000864

1. Entity Name
N. JOEL AND ELAINE EHRENKRANZ FAMILY PARTNERSHIP
, LTD.



FILED

03 APR 11 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

10867 Whitehawk St.
Suite, Apt. #, etc.

3. Mailing Address

10867 Whitehawk St.
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Plantation, Florida

City & State
Plantation, Florida

4. FEI Number 65-0702708

Applied For
Not Applicable

Zip
33324

Country
USA

Zip
33324

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EHRENKRANZ, N.J.
10867 WHITEHAWK ST.
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

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 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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
EHRENKRANZ, NATHANIEL JOEL TRUSTEE
10867 WHITEHAWK STREET
PLANTATION FL 33324

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP
EHRENKRANZ, ELAINE TRUSTEE
10867 WHITEHAWK STREET
PLANTATION FL 33324

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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. J. EHRENKRANZ, General Partner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/02/03 954-817-4608

CR2E003 (10/02)