

2002 UNIFORM BUSINESS REPORT (UBR)

0018522 AB

DOCUMENT # **A96000000912**

1. Entity Name

FRIEDMAN FAMILY PARTNERSHIP, LIMITED PARTNERSHIP

FILED

5/31

FILED
May 31, 2002 8:00 A.M.
Secretary of State

Principal Place of Business
3388 OCEAN HARBOR DRIVE
OCEANSIDE NY 11572

Mailing Address
3388 OCEAN HARBOR DRIVE
OCEANSIDE NY 11572

2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 11-3328776	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NOHRR, DONALD A 1800 W. HIBISCUS BLVD., SUITE 138 MELBOURNE FL 32901		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$268,000.00	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 #	FRIEDMAN, SIDNEY 3388 OCEAN HARBOR DRIVE OCEANSIDE NY 11572	STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	6000005692956--9
NAME		CITY-ST-ZIP	-06/05/02--01061--012
CITY-ST-ZIP			****437.50 ****437.50
DOCUMENT #		STREET ADDRESS	6000005692956--9
NAME		CITY-ST-ZIP	-06/05/02--01061--011
CITY-ST-ZIP			****88.75 ****88.75
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: *Sidney Friedman* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

4/5/02 **516 889 5800**

Date Daytime Phone #

CR2E003 (9/01)