

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0018988 AB

DOCUMENT # A96000001052

1. Entity Name

FOX PARTNERS, LTD.

01 APR 27 PM 6:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2161 PALM BEACH LAKES BLVD
STE 304
WEST PALM BEACH FL 33409

Mailing Address

~~1203 4TH STREET~~
~~NEW ORLEANS LA 70130~~



2. Principal Place of Business

3. Mailing Address

1203 8th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
New Orleans, LA

4. FEI Number

65-0670033

Applied For

Not Applicable

Zip

Country

Zip

70115

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

TANNENBAUM, MICHAEL D
2161 PALM BEACH LAKES BLVD., STE. 304
WEST PALM BEACH FL 33409

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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
FOX, MARJORIE
1203 4TH STREET
NEW ORLEANS LA 70130

STREET ADDRESS
CITY-ST-ZIP
1203 8th Street
New Orleans, LA 70115

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
FOX AARONS, SHELLEY
111 W. 67TH STREET, #41-A
NEW YORK NY 10023

STREET ADDRESS
CITY-ST-ZIP
900004194803--3
05/11/01--01012--010
***526.25- ***526.25

DOCUMENT #
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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:

Marjorie Fox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/01

504 891-4239
Date Daytime Phone #

CR2E003 (11/00)