FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001091

1. Entity Name
AARON AND HELEN HERSKOWITZ PARTNERSHIP, LTD.

900016376609
04/21/03--01031--025 **535.00

Principal Place of Business	Mailing Address
212 SE 8TH STREET FT. LAUDERDALE, FL 33316	PO BOX 22010 FT LAUDERDALE, FL 33335

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 65-0672886 ☐ Applied For ☐ Not Applicable

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
HERSKOWITZ, HOWARD 212 S.E. 8TH STREET, SUITE 101 FT. LAUDERDALE, FL 33316	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$3,500,000.00		

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 #		STREET ADDRESS	
NAME	HERSKOWITZ, HOWARD	CITY-ST-ZIP	
STREET ADDRESS	212 SE 8TH STREET		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316		
DOCUMENT #		STREET ADDRESS	
NAME	HERSKOWITZ, LOUIS	CITY-ST-ZIP	
STREET ADDRESS	212 SE 8TH STREET		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316		
DOCUMENT #		STREET ADDRESS	
NAME	EDELMAN, PHILIS	CITY-ST-ZIP	
STREET ADDRESS	212 SE 8TH STREET		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003 (10/02)

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: _____ 4/8/03 954-764-4750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #