

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001244**

1. Entity Name

BENJAMIN POSNER FAMILY PARTNERSHIP, LTD.

Principal Place of Business

**8453 WATERFORD CIRCLE
TAMARAC FL 33051**

Mailing Address

**8453 WATERFORD CIRCLE
TAMARAC FL 33051**

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, 2002

4. FEI Number

65-0702133

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

STANKEE, GLEN A ESQ.

RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL

200 EAST BROWARD BLVD.

FORT LAUDERDALE FL 33302

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.

DATE

9. Capital Contributions
as Shown on record.

\$1,600,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,553,855

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 #	POSNER-DABOOSH, PATRICIA E	STREET ADDRESS	
NAME	850 BAILEY ST.	CITY-ST-ZIP	
STREET ADDRESS	BOCA RATON FL 33487		
CITY-ST-ZIP			
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/12/2

845726 9192

APPROVED
AND
FILED

02 APR 16 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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