

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001399

1. Entity Name

ROSENFELD FAMILY PARTNERSHIP, LTD.

Principal Place of Business

4310 ANDERSON ROAD
CORAL GABLES FL 33146

Mailing Address

4310 ANDERSON ROAD
CORAL GABLES FL 33146-1229

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -1 AM 9:14



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0686559

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROSENFELD FAMILY CORP.
4310 ANDERSON ROAD
CORAL GABLES FL 33146

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.

\$45,482,559.00

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 # P96000062670
NAME ROSENFELD FAMILY CORP.
STREET ADDRESS 4310 ANDERSON ROAD
CITY - ST - ZIP CORAL GABLES FL 33146

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

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 920 Florida Statutes

SIGNATURE:

George G. Rosenfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/16/2000 (305) 667-3641
Date Daytime Phone #

GEORGE G. ROSENFELD

CR2E003 (9/99)