2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001591

1. Entity Name

LOEWENSTERN FAMILY PARTNERS, LTD.

Principal Place of Business	Mailing Address
2600 N. MILITARY TR., STE. 206 BOCA RATON FL 33431	2600 N. MILITARY TR., STE. 206 BOCA RATON FL 33431

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		**3.** Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		**4.** FEI Number 65-0689686	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
LOEWENSTERN, ELLIOT 2600 N. MILITARY TR., STE. 206 BOCA RATON FL 33431	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.	$25,000.00	**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 **LOEWENSTERN, ELLIOT** STREET ADDRESS **2600 N. MILITARY TR., STE. 206** CITY-ST-ZIP **BOCA RATON FL 33431**	STREET ADDRESS CITY-ST-ZIP 100004565261--6 -08/31/01--01027--014 ****175.00 ****175.00
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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: _____REQUIRED_____   4/27/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #