

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012482 AT

DOCUMENT # A96000002342	
1. Entity Name THE NATHAN SKOP FAMILY LIMITED PARTNERSHIP	

FILED

03 JUN -4 AM 18:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 7900 B LEXINGTON CLUB BLVD DELRAY BEACH FL 33446	Mailing Address 7900 B LEXINGTON CLUB BLVD DELRAY BEACH FL 33446
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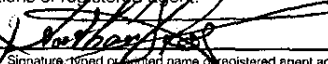
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 65-6254919	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SKOP, NATHAN 2101 CORPORATE BLVD., #204 BOCA RATON FL 33431

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7900 B LEXINGTON CLUB BLVD 06/04/03--01012--006 **526.25 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	
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9. Capital Contributions as Shown on record. \$850,000.00	10. Amount of Capital Contributions in FLORIDA to date. 0	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	SKOP, NATHAN	STREET ADDRESS	
NAME	7900 B LEXINGTON CLUB BLVD	CITY-ST-ZIP	
STREET ADDRESS	DELRAY BEACH FL 33446		
CITY-ST-ZIP			
DOCUMENT #	SKOP, HELEN	STREET ADDRESS	
NAME	7900 B LEXINGTON CLUB BLVD	CITY-ST-ZIP	
STREET ADDRESS	DELRAY BEACH FL 33446		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
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NAME		CITY-ST-ZIP	
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 620, Florida Statutes

SIGNATURE:  REQUIRED	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #
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CR2E003 (10/02)

STAPLE CHECK HERE