2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

## A96000002393 **DOCUMENT#**

1. Entity Name

Principal Place of Business

2543 N.W. 64TH BLVD. BOCA RATON FL 33496

THE SCHUBERT HOLDINGS LIMITED PARTNERSHIP



4. FEI Number

Mailing Address 2543 N.W. 64TH BLVD. **BOCA RATON FL 33496** 

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

Zip

FILED

2003 JAN -9 AM 11: 52

DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

Applied For

Not Applicable



**DUE BY MAY 1, 2003** 

65-0716009

6. Name and Address of Current Registered Agent	5. Certificate of Status Desired Fee Required
SCHUBERT, HOWARD	7. Name and Address of New Registered Agent Name
2543 NW 64TH BLVD. BOCA RATON FL 33496	Street Address (P.O. Box Number is Not Acceptable)
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Country

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, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.

NAME

STREET ADDRESS CITY-ST-ZIP

\$1,040,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 ADDRESS CHANGES ONLY DOCUMENT # NAME SCHUBERT, HOWARD STREET ADDRESS STREET ADDRESS 2543 NW 64TH BLVD. City-St-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS SCHUBERT, FLORENCE 2543 NW 64TH BLVD. STREET ADDRESS 80000099822 CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP -01/09/03--01028--006 \*\*526.25 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT #

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

STREET ADDRESS

SIGNATURE:

MRETHOWARD SCHUBERT 1/6/03 561-998.944

CR2E003 (10/02)