2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002410

1. Entity Name

FLJ WHITMAN LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP -8 AM 10: 02

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8925 COLLINS AVENUE SURFSIDE FL 33154	8925 COLLINS AVENUE SURFSIDE FL 33154

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

4. FEI Number 65-0713053 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WACHS, JEFFREY S ESQ.
C/O DOUMAR, CURTIS, CROSS, LAYSTROM & PERL
OFF 1177 S.E. THIRD AVE.
FORT LAUDERDALE FL 33316-1197

7. Name and Address of New Registered Agent

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. $1,000,000.00

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 / STREET ADDRESS / CITY-ST-ZIP	WHITMAN, FRIEDA 8925 COLLINS AVENUE SURFSIDE FL 33154	STREET ADDRESS CITY-ST-ZIP	000003391200--7
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	WHITMAN, JOSEPH 300 92 STREET SURFSIDE FL 33154	STREET ADDRESS CITY-ST-ZIP	-09/13/00--01039--011 ****488.75 ****488.75 000003391200--7
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	-09/13/00--01039--012 ****437.50 ****437.50
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

CR2E003 (5/00)

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 REQUIRED Joseph Whitman 8-22-00 305-868-2244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #