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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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04/11/03--01044--019 **526.25

DOCUMENT # A97000000212

1. Entity Name
BENJAMIN R. SIEGAL FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
21307 NE 38TH AVENUE AVENTURA, FL 33180	21307 NE 38TH AVENUE AVENTURA, FL 33180

2. Principal Place of Business	3. Mailing Address
2775 SUNNY ISLES BLVD.	2775 SUNNY ISLES BLVD
Suite, Apt. #, etc.: SUITE 118	Suite, Apt. #, etc.: SUITE 118
City & State: NORTH MIAMI BEACH, FL	City & State: NORTH MIAMI BEACH, FL
Zip: 33160 — Country: USA	Zip: 33160 — Country: USA

DUE BY MAY 1, 2003

4. FEI Number: 65-0736958 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

NELSON, BARRY A ESQ
% NELSON & LEVINE, P.A.
2775 SUNNY ISLES BLVD., STE 118
NORTH MIAMI BEACH, FL 33160

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ________ Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $1,700,000.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000003721	STREET ADDRESS	
NAME	BENJAMIN R. SIEGAL FAMILY HOLDINGS, INC.		
STREET ADDRESS	21307 NE 38TH AVENUE	CITY-ST-ZIP	
CITY-ST-ZIP	AVENTURA, FL 33160		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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CITY-ST-ZIP			

CR2E003 (10/02)

STAPLE CHECK HERE

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: Benjamin R Siegal — 4/2/03 — (305) 932-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

PRESIDENT OF GENERAL PARTNER