2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

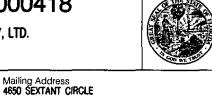
BOYNTON BEACH FL 33436

A97000000418 **DOCUMENT#**

1. Entity Name HECHTMAN FAMILY INVESTMENT COMPANY, LTD.

Principal Place of Business 4650 SEXTANT CIRCLE

BOYNTON BEACH FL 33436



FILED 03 JAN 28 AM 10: 1.1



2. Principal F	Place of Business	3. Mailing Address	Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc	o.	· · · · <u></u>	DUE BY MAY 1, 2003		
City & State City & S			& State		4. FEI Number 65-6230973 Applied For Not Applied be		Applied For Not Applicable
Żip	Country	Zip	Zip Count		5. Certificate of Status Desired \$8.75 Additional Fee Required		8.75 Additional
/ 6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
				Name			
HECHTMAN, WILLIAM				Street Address (P.O. Box Number is Not Acceptable)			
4650 SEXTANT CIRCLE							
BOYNTON BEACH FL 33436							
				City FL Zip Code			
	named entity submits this statemen	nt for the purpose of chan-	ging its registere	ed office or regist	ered agent, or both, in the State	of Florida. I am fa	miliar with, and accept
the obligat	ions of registered agent.					•	
SIGNATURE	Signature, typed or printed name of registered ag	· · · · · · · · · · · · · · · · · · ·				DATE	
				outions -	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE		
9. Capital Contributions as Shown on record. \$2,025,000.00 In FLORIDA to date					SEE REVERSE SIDE FOR FEE INFORMATION		
i					STERED AND ACTIVE WIT		ner
NOTE: General Partners MAY NOT be changed on the GENERAL PARTNER INFORMATION				, an amendine	ADDRESS CHANGES ONLY		
DOCUMENT #				ET ADDRESS	rec .		
NAME	HECHTMAN, WILLIAM TRUSTEE 4650 SEXTANT CIRCLE BOYNTON BEACH FL 33436		SIKE	ET AUDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP			93
	DOTATON BEACH PE 33430			100011122311			1 *C. 52 8003 (10/02)
DOCUMENT # NAME	HECHTMAN, ELAINE TRUSTEE			ET ADDRESS	100011132311 01/28/0301057006 **526.25		
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City-ST-ZIP			CII1-	U. 2"			

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: