

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012653 AT

DOCUMENT # A97000000780



1. Entity Name
SUCHMAN ASSOCIATES, LTD.

FILED

03 MAR 20 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**5301 FOUNTAINS DRIVE SOUTH, APT. 604
LAKE WORTH FL 33467**

Mailing Address
**5301 FOUNTAINS DRIVE SOUTH, APT. 604
LAKE WORTH FL 33467**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **65-0736007**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUCHMAN, RUTH
5301 FOUNTAINS DRIVE SOUTH, APT. 604
LAKE WORTH FL 33467**

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

9. Capital Contributions as Shown on record. **\$1,500,000.00**

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 #
NAME **SUCHMAN, RUTH**
STREET ADDRESS **5301 FOUNTAINS DRIVE SOUTH, APT. 604**
CITY-ST-ZIP **LAKE WORTH FL 33467**

STREET ADDRESS
CITY-ST-ZIP
100014418221

DOCUMENT #
NAME **SUCHMAN, JERRY J**
STREET ADDRESS **46 HIGH WAY**
CITY-ST-ZIP **CHAPPAQUA NY 10514**

STREET ADDRESS
CITY-ST-ZIP
03/20/03--01072--016 ##526.25

DOCUMENT #
NAME **ROSENBLUM, CAROL S**
STREET ADDRESS **9813 GLENOLDEN DRIVE**
CITY-ST-ZIP **POTOMAC MD 20854**

STREET ADDRESS
CITY-ST-ZIP

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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)(l), 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: *Ruth Suchman* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 10-2003 *968-1358*
Date Daytime Phone #

CPRE003 (10/02)