

# 2002 UNIFORM BUSINESS REPORT (UBR)

001767 AT

DOCUMENT # **A97000000840**

1. Entity Name

**ROSENFELD ASSOCIATES, LTD.**

FILED

02 FEB -4 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

**MICHAEL TANNENBAUM, ATTY. AT LAW  
2161 PALM BEACH LAKES BLVD.  
WEST PALM BEACH FL 33409**

**MICHAEL TANNENBAUM, ATTY. AT LAW  
2161 PALM BEACH LAKES BLVD.  
WEST PALM BEACH FL 33409**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

4. FEI Number

**65-0741198**

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

**TANNENBAUM, MICHAEL  
2161 PALM BEACH LAKES BLVD.  
RAYMOND OFFICE PLAZA, RM 304  
WEST PALM BEACH FL 33409**

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

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

DATE

9. Capital Contributions as Shown on record.

**\$2,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**\$1,733,504.77**

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  
**ROSENFELD, ABRAHAM  
3871 POINCIANA DR., APT. 103  
LAKE WORTH FL 33487**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ROSENFELD, DAVID  
203 YOAKUM PARKWAY, #319  
ALEXANDRIA VA 22304**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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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:

*David Rosenfeld*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**1/22/02 703-370-2273**

CR2E003 (9/01)

STAPLE CHECK HERE