200	1 UNIFO	RM BUSI	NESS REP(	)RT	(UBI	R)	
DOCU	MENT#	A9700	0000938			ry). FILED	
FASK RE	EALTY LTD.					01 APR 30 PM 6: 05	
Principal Place of Business Mailing Address  354 HIATT DRIVE  PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL				FL 33418	-11	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business     3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State			City & State			4. FEI Number 65-0747352 Applied For Not Applicable	
Zip	Country		Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
FRIEDMAN, STEVEN 24 BERMUDA LAKE DRIVE PALM BEACH GARDENS FL 33418  8. The above named entity submits this statement for the purpose of changing it. re				register	City	Address (P.O. Box Number is Not Acceptable)  FL Zip Code or registered agent, or both, in the State of Florida.	
9. Capital Contributions \$1,000,00 10. Amount of Capital				al Contri	202.3		
A CENEDAL DARTNER THAT IS A BLISINESS ELITI					UST BE F	REGISTERED AND ACTIVE WITH THIS OFFICE. ADL FEE	
12. GENERAL PARTNER INFORMATION  DOCUMENT!				13.	ET ADDRESS	ADDRESS CHANGES ONLY	
NAME ABRAMS, MARK J STREET ADDRESS 8667 STEEPLECHASE DRIVE CITY-ST-ZIP PALM BEACH GARDENS FL 33418			CITY	-ST-ZIP	3000042205937 -05/16/0101099022		
DCCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DCCUMENT # NAME FRIEDMAN, IRVING 101 BANYAN ISLE DRIVE PALM BEACH GARDENS FL 33418					EET ADDRESS	****141.25 ****141.25	
DOCUMENT / NAME STREET ADDRESS	FRIEDMAN, STEVEN D 24 BERMUDA LAKE DRIVE				EET ADDRESS -ST-ZIP	(1)	
CITY-ST-ZIP PALM BEACH GARDENS FL 33418  DOCUMENT # NAME SAYRE, ROBERT A			STRI	EET AODRESS	46 SOMERSET TER		
STREET ADDRESS CITY-ST-ZIP  2162 HENLEY PLACE WELLINGTON FL 33414			CITY	-ST-ZIP	PACM DEACH GANDENS, PL 33418		
DOCUMENT # NAME STREET ADDRESS				STRI	EET ADDRESS		
CITY-ST-ZIP				CITY	-ST-ZIP		
DCCUMENT # NAME _				STR	EET ADDRESS		

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 Cha; ter 620, Florida Statutes

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-SJ-ZIP



Date Daytime Phone #