


2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000975			
1. Entity Name BURSTIN FAMILY LIMITED PARTNERSHIP #1, LTD.			
Principal Place of Business 4047 AINSIE C. CENTURY VILLAGE BOCA RATON FL 33434		Mailing Address 4047 AINSIE C. CENTURY VILLAGE BOCA RATON FL 33434	
2. Principal Place of Business 4047 AINSIE C. CENTURY VILLAGE BOCA RATON, FL 33434 U.S.A.		3. Mailing Address 4047 AINSIE C. CENTURY VILLAGE BOCA RATON, FL 33434 U.S.A.	
4. FEI Number 65-0750722		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LABINER, PAUL S 2255 GLADES ROAD, SUITE 422A BOCA RATON FL 33431			
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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. Capital Contributions as Shown on record. \$1,350,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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	BURSTIN, NATHAN (NAT) TRUSTEE 4047 AINSIE C, CENTURY VILLAGE BOCA RATON FL 33434	STREET ADDRESS CITY - ST - ZIP	0000003286880--4 -06/13/00--01044--004 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	BURSTIN, MARILYN TRUSTEE 4047 AINSIE C, CENTURY VILLAGE BOCA RATON FL 33434	STREET ADDRESS CITY - ST - ZIP	FF \$526.25
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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: X SIGNATURE OF BURSTIN		Date 3/15/00 X 561-487-3525	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

FILED
00 JUN 13 AM 11:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

FORM 1000 (06/00) 1000