

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002474

1. Entity Name

LEIBOWITZ PROPERTIES, LTD.

Principal Place of Business  
6202 ROYAL POINCIANA LANE  
TAMARAC, FL 33319

Mailing Address  
6202 ROYAL POINCIANA LANE  
TAMARAC, FL 33319

FILED  
01 MAY -4 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-0797487

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

AZ REGISTERED AGENT CORPORATION  
2601 S. BAYSHORE DRIVE, SUITE 1600  
MIAMI, FL 33133

Name  
Matthew L. Leibowitz  
Street Address (P.O. Box Number is Not Acceptable)

One S.E. 3rd Avenue, Suite 1450

City MIAMI FL Zip Code 33131

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. 655,000.00

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 # P97000097235  
NAME LEIBOWITZ MANAGEMENT CO., INC.  
STREET ADDRESS 6202 ROYAL POINCIANA LANE  
CITY-ST-ZIP TAMARAC, FL 33319

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/01

Date

(305) 530-1922

Daytime Phone #

202094 SP

CR2E003 (11/00)