


# 2002 UNIFORM BUSINESS REPORT (UBR)

0001167 AV

**DOCUMENT # A97000002474**  
 1. Entity Name  
**LEIBOWITZ PROPERTIES, LTD.**

**FILED**  
 02 APR 25 PM 3:12  
 SECRETARY OF STATE  


Principal Place of Business: **6202 ROYAL POINCIANA LANE TAMARAC FL 33319**  
 Mailing Address: **6202 ROYAL POINCIANA LANE TAMARAC FL 33319**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State: City & State  
 Zip: Country

**DUE BY MAY 1, 2002**  
 4. FEI Number: **65-0797487**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**MATTHEW L. LEIBOWITZ**  
**ONE S.E. 3RD AVENUE, STE. 1450**  
**MIAMI FL 33131**

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$655,000.00**  
 10. Amount of Capital Contributions in FLORIDA to date: **655,000.00**  
 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 #	<b>P97000097235</b>	STREET ADDRESS	
NAME	<b>LEIBOWITZ MANAGEMENT CO., INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>6202 ROYAL POINCIANA LANE</b>		
CITY-ST-ZIP	<b>TAMARAC FL 33319</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	<b>8000005419918--9</b>
STREET ADDRESS			<b>-05/02/02--01021--016</b>
CITY-ST-ZIP			<b>****526.25 ****526.25</b>
DOCUMENT #		STREET ADDRESS	
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
 President (305) 530-1322  
 Date Daytime Phone #

CP2E003 (9/01)