LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A 97000002565

1. Entity Name

Donald J. Kipnis Family Investments, LTD

FILED

2002 SEP 23 PM 3:16

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8491 NW 17th Street	8491 NW 17th Street
Suite, Apt. #, etc.: Suite L	Suite, Apt. #, etc.: Suite L
City & State: Miami, FL	City & State: Miami, FL
Zip: 33126 Country: USA	Zip: 33126 Country: USA

DUE BY MAY 1

4. FEI Number: 650842250 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Harold L. Lewis, Esq.

Street Address (P.O. Box Number is Not Acceptable): One Biscayne Tower, Suite 2400

2 S. Biscayne Boulevard

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 _____ DATE 6/30/02

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

9. Capital Contributions as Shown on record. $1,602,112.00

10. Amount of Capital Contributions in FLORIDA to date. $1,602,112.00

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

DOCUMENT #	L00000012765	STREET ADDRESS	000008056630--0
NAME	394 Corp., LLC	CITY-ST-ZIP	-09/26/02--01050--027
STREET ADDRESS	8491 NW 17th Street, Suite L		****541.25 ****541.25
CITY-ST-ZIP	Miami, Florida 33126		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	000008056630--0
STREET ADDRESS			-09/26/02--01050--028
CITY-ST-ZIP			****400.00 ****400.00
DOCUMENT #		STREET ADDRESS	DO NOT WRITE
NAME		CITY-ST-ZIP	
STREET ADDRESS			IN THIS SPACE
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003B (12/01)

STAPLE CHECK HERE

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: Donald J. Kipnis Manager 6/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #