

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006374  
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**DOCUMENT # A97000002916**


1. Entity Name  
**THE MARGOLIS FAMILY LIMITED PARTNERSHIP**

Principal Place of Business <b>9990 S.W. 77TH AVENUE, SUITE 330 MIAMI FL 33156-2699</b>	Mailing Address <b>9990 S.W. 77TH AVENUE, SUITE 330 MIAMI FL 33156-2699</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0823806</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

**FILED**  
01 FEB -7 PM 12:25  
SECRETARY OF STATE  
STATE OF FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MARGOLIS, JOHN  
9990 S.W. 77TH AVENUE, SUITE 330  
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$1,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	<b>MARGOLIS, MARJORIE 691 S.W. ELM TREE LANE BOCA RATON FL 33486</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<b>400003678044--9 02/14/01 01003-020 ****535.00 ****535.00</b>
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER \_\_\_\_\_ Date 2/2/01 Daytime Phone # \_\_\_\_\_

CR2E003 (11/00)