

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002872 AV

**DOCUMENT #** A97000002916  
 1. Entity Name  
**THE MARGOLIS FAMILY LIMITED PARTNERSHIP**



**FILED**  
 03 JAN 29 PM 12:33  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
**9990 S.W. 77TH AVENUE, SUITE 330  
 MIAMI FL 33156-2699**

Mailing Address  
**9990 S.W. 77TH AVENUE, SUITE 330  
 MIAMI FL 33156-2699**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State  
 Zip Country

4. FEI Number **65-0823806**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**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)  
**900011180679**  
**01729703--01048--005 \*\*141.25**  
 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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. **\$1,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>MARGOLIS, MARJORIE</b> <b>691 S.W. ELM TREE LANE</b> <b>BOCA RATON FL 33486</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>JOHN A. MARGOLIS</b> <b>9990 S.W. 77th Avenue, Suite 330</b> <b>Miami, FL 33156</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>Robert A. Margolis</b> <b>1150 Upper Hambree Road</b> <b>Roswell, GA 30076</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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]* **561-395-0727** **1/27/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)