

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # A98000000042

1. Entity Name

CARL GOLDMAN LIMITED PARTNERSHIP

02 APR -5 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3000 ISLAND BOULEVARD, APT 902
NORTH MIAMI BEACH FL 33160

Mailing Address

3000 ISLAND BOULEVARD, APT 902
NORTH MIAMI BEACH FL 33160



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0728467

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

~~DOLCHIN, STEVEN B~~
~~THE OAKS, SUITE 202B~~
~~4330 SHERIDAN STREET~~
~~HOLLYWOOD FL 33021~~

7. Name and Address of New Registered Agent

Name: GOLDMAN, DAVID E.
Street Address (P.O. Box Number is Not Acceptable): 20700 WEST DIXIE HWY #100
City: MIAMI FL Zip Code: 33180

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 *David E. Goldman*

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

✓ APRIL 2ND 2002
DATE

9. Capital Contributions
as Shown on record.

\$480,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 #
NAME: GOLDMAN, CARL
STREET ADDRESS: 3000 ISLAND BOULEVARD, APT 902
CITY-ST-ZIP: NORTH MIAMI BEACH FL 33160

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME: GOLDMAN, ROSE
STREET ADDRESS: 3000 ISLAND BOULEVARD, APT 902
CITY-ST-ZIP: NORTH MIAMI BEACH FL 33160

STREET ADDRESS: c/o GOLDMAN, DAVID
20700 WEST DIXIE HWY #100
CITY-ST-ZIP: MIAMI FL 33180

DOCUMENT #
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

STREET ADDRESS:
CITY-ST-ZIP: 800005257988-7
-04/12/02-01078-007

DOCUMENT #
NAME:
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CITY-ST-ZIP: ***526.25 ***526.25

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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

Carl Goldman

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