

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000101**

1. Entity Name
DAVID S. PEARL REVOCABLE TRUST LIMITED PARTNERSHIP



#308587

FILED
DIVISION OF STATE
03 JUN 30 PM 2:07
CORPORATIONS

Principal Place of Business
**2850 RAVENSWOOD RD.
FT. LAUDERDALE FL 33312**

Mailing Address
**2850 RAVENSWOOD RD.
FT. LAUDERDALE FL 33312**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **65-0814463**

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

**FINEBERG, LIBO B ESQ.
3500 GATEWAY DRIVE, STE. 201
POMPANO BEACH FL 33069-4870**

Name

Street Address (P.O. Box Number is Not Acceptable)

**0000021200790
06/30/03--01/096--013 **926.25**

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

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

DATE

9. Capital Contributions
as Shown on record. **\$820,000.00**

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

13.

ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DAVID S. PEARL AS TRUSTEE OF THE DAVID S.
2850 RAVENSWOOD RD.
FT. LAUDERDALE FL 33312**

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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: *David S. Pearl*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/26/03

Date

Daytime Phone #

001151
AT

CR2E003 (10/02)