

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

APPROVED  
 AND  
 FILED

04 MAY -4 PM 5:34  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # A98000001160**

1. Entity Name  
 THE UCHIN FAMILY LIMITED PARTNERSHIP



Principal Place of Business  
 7083 QUEENFERRY CIRCLE  
 BOCA RATON, FL 33496

Mailing Address  
 7083 QUEENFERRY CIRCLE  
 BOCA RATON, FL 33496



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
 65-0835044

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

REINSTEIN, JOEL ESQ.  
 THE PLAZA, SUITE 801  
 5355 TOWN CENTER ROAD  
 BOCA RATON, FL 33486

7. Name and Address of New Registered Agent

Name

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

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. \$8,860.00

10. Amount of Capital Contributions in FLORIDA to date.

**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 UCHIN, JEROME F  
 STREET ADDRESS 7083 QUEENFERRY CIRCLE  
 CITY-ST-ZIP BOCA RATON, FL 33496

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME UCHIN, DOROTHY  
 STREET ADDRESS 7083 QUEENFERRY CIRCLE  
 CITY-ST-ZIP BOCA RATON, FL 33496

STREET ADDRESS  
 CITY-ST-ZIP

300036523173  
 05/17/04-01077-004 \*\*150.77

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE