

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

DOCUMENT # A98000001160

1. Entity Name  
THE UCHIN FAMILY LIMITED PARTNERSHIP



**FILED**

**Apr 27, 2005 8:00 A.M.**  
**Secretary of State**

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.

City & State

City & State

Zip

Country

Zip

Country

03052005

Chg-LP

CR2E003 (10/03)

4. FEI Number

65-0835044

Applied For

Not Applicable

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

Joel Reinstein, Esq.

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

925 S. Federal Highway, Ste. 325

City

Boca Raton

**FL**

Zip Code  
33432

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

*Joel Reinstein*  
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. **\$1,000,000**

**April 1, 2005**

**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        |
|            | UCHIN, JEROME F | 7083 QUEENFERRY CIRCLE | BOCA RATON, FL 33496   |
| DOCUMENT # | NAME            | STREET ADDRESS         | CITY - ST - ZIP        |
|            | P04000075907    | UCHIN FAMILY CORP.     | 7083 QUEENFERRY CIRCLE |
|            |                 | BOCA RATON, FL 33496   |                        |
| DOCUMENT # | NAME            | STREET ADDRESS         | CITY - ST - ZIP        |
|            |                 |                        |                        |
| DOCUMENT # | NAME            | STREET ADDRESS         | CITY - ST - ZIP        |
|            |                 |                        |                        |
| DOCUMENT # | NAME            | STREET ADDRESS         | CITY - ST - ZIP        |
|            |                 |                        |                        |
| DOCUMENT # | NAME            | STREET ADDRESS         | CITY - ST - ZIP        |
|            |                 |                        |                        |

**13. ADDRESS CHANGES ONLY**

|                 |  |
|-----------------|--|
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
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| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |

**400052290064**  
**04/27/05 01001 015 \*\*\*2328.75**

*\$526.25*

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

**UCHIN FAMILY CORP.**

**SIGNATURE:**

By: *Dorothy Uchin*

**(561) 483-8336**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #