

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001226**

1. Entity Name

LYNN KAUFMAN DEVELOPMENT, LTD.

Principal Place of Business

**2151 NORTHWEST 2ND AVENUE, SUITE 100
BOCA RATON FL 33431**

Mailing Address

**2151 NORTHWEST 2ND AVENUE, SUITE 100
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number **65-0837943**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYNN, JOSEPH S

**2151 NORTHWEST 2ND AVENUE
BOCA RATON FL 33487**

Name

Michael I Kaufman

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

2151 NW 2nd Avenue

Suite 100

City

Boca Raton

FL

Zip Code

33431

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

247,700

10. Amount of Capital Contributions
in FLORIDA to date.

247,770.00

11. 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 # **P98000043380**
NAME **LYNN KAUFMAN DEVELOPMENT, INC.**
STREET ADDRESS **2151 NORTHWEST 2ND AVENUE**
CITY-ST-ZIP **BOCA RATON FL 33487**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200004585092-0

-09/12/01--01026--011

******935.00 ****935.00**

FF \$926.25

us 8.75

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0001300 AI

CR2E003 (5/01)

FILED
01 OCT 26 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

