


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010448 AT

DOCUMENT # A98000001422

1. Entity Name
ARJOY LTD.



FILED
03 JAN 17 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
18151 N.E. 31ST COURT. APT. CPH 216
AVENTURA FL 33160

Mailing Address
18151 N.E. 31ST COURT. APT. CPH 216
AVENTURA FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2003

4. FEI Number **65-0839856**

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

HENRY, THORNTON M
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH FL 33401

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

9. Capital Contributions as Shown on record. **\$5,000,000.00**

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 **GOTTLIEB, ANDREW**
STREET ADDRESS **18151 N.E. 31ST COURT, APT. CPH 216**
CITY-ST-ZIP **AVENTURA FL 33160**

STREET ADDRESS

CITY-ST-ZIP

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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: Andrew M. Gottlieb **1/15/03** **(954) 922-5885**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)