

2002 UNIFORM BUSINESS REPORT (UBR)

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AT

DOCUMENT # A98000001523

1. Entity Name
**THE SHELDON A. PERLICK FAMILY LIMITED PARTNERSHI
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Principal Place of Business 2770 SOUTH OCEAN DRIVE, #401 - NORTH PALM BEACH FL 33480	Mailing Address 2770 SOUTH OCEAN DRIVE, #401 - NORTH PALM BEACH FL 33480
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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FILED
2002 SEP 23 PM 3:09
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DUE BY SEPTEMBER 25, 2002

4. FEI Number 65-0266977	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERLICK, ESTHER
2770 SOUTH OCEAN DRIVE, #401 - NORTH
PALM BEACH FL 33480

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

9. Capital Contributions as Shown on record. \$4,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
	PERLICK, ESTHER TRUSTEE		
STREET ADDRESS	2770 SOUTH OCEAN DRIVE, #401 - NORTH	CITY-ST-ZIP	
CITY-ST-ZIP	PALM BEACH FL 33480		
DOCUMENT #	NAME	STREET ADDRESS	
	PERLICK, ESTHER TRUSTEE		
STREET ADDRESS	2770 SOUTH OCEAN DRIVE, #401 - NORTH	CITY-ST-ZIP	
CITY-ST-ZIP	PALM BEACH FL 33480		
DOCUMENT #	NAME	STREET ADDRESS	
	PERLICK, JAMES H TRUSTEE		
STREET ADDRESS	2770 SOUTH OCEAN DRIVE, #401 - NORTH	CITY-ST-ZIP	
CITY-ST-ZIP	PALM BEACH FL 33480		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

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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: *Esther Perlick* **ESTHER PERLICK**
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

CR2E003 (4/02)