

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002048**

1. Entity Name
FANNIE ZIMMERMAN FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**C/O MRS. FANNIE ZIMMERMAN
3800 SOUTH OCEAN DRIVE
HOLLYWOOD FL 33019**

Mailing Address
**C/O MRS. FANNIE ZIMMERMAN
3800 SOUTH OCEAN DRIVE
HOLLYWOOD FL 33019**

FILED

03 SEP 22 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

C/O Jeff Zimmerman

Suite, Apt. #, etc.

Suite, Apt. #, etc.

86 Susan Drive

City & State

City & State

New City NY

Zip

Country

Zip

Country

10956

DUE BY SEPTEMBER 24, 2003

4. FEI Number **65-1040164**

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

**ZIMMERMAN, FANNIE MRS.
3800 SOUTH OCEAN DRIVE
HOLLYWOOD FL 33019**

Name

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

100023248521

09/22/03--01099--002 **541.25

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.

9. Capital Contributions
as Shown on record.

\$1,000.00

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
STREET ADDRESS
CITY-ST-ZIP
**ZIMMERMAN, FANNIE
3800 SOUTH OCEAN DRIVE
HOLLYWOOD FL 33019**

STREET ADDRESS

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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 REQUIRED

9/15/03 201-886-038

Date

Daytime Phone #

CR2E003 (4/03)

0000262 AT

STAPLE CHECK HERE