

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002591**

1. Entity Name

**ROMANOFF FAMILY LIMITED PARTNERSHIP**

Principal Place of Business

% P. STANTON

8603 SO. DIXIE HWY. #207

MIAMI FL 33143

Mailing Address

% SOMERS

38 FAR REACH ROAD

WESTWOOD MA 02090

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANTON, PAUL R

8603 SOUTH DIXIE HIGHWAY, SUITE 207

MIAMI FL 33143

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.

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.

\$1,288,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$1,288,000.00

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 #

NAME

STREET ADDRESS

CITY-ST-ZIP

SOMERS, EVELYN MEHLER  
38 FAR REACH ROAD  
WESTWOOD MA 02090

STREET ADDRESS

CITY-ST-ZIP

100004418951--1  
-06/14/01--01009--010  
\*\*\*\*526.25 \*\*\*\*526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

MEHLER, CHARLES FRANK  
720 ARDMORE ROAD  
WEST PALM BEACH FL 33401

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

01 MAY 18 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CP2E003 (11/00)

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