

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015391 AT

DOCUMENT # A98000002629



1. Entity Name
THE BROWNSTONE FAMILY LIMITED PARTNERSHIP

FILED

03 MAR 18 AM 9:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
11820 QUAIL VILLAGE WAY
NAPLES FL 34119-8914

Mailing Address
11820 QUAIL VILLAGE WAY
NAPLES FL 34119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3543938

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

GARELLEK, STEVEN
7000 W PALMETTO PARK ROAD, SUITE 400
BOCA RATON FL 33433

Name GARELLEK, STEVEN

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

700 S. FEDERAL HWY.

SUITE 200

City

BOCA RATON

FL

Zip Code

33432

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.

M. Brownstone for Steven Garellek 3/12/03

DATE

9. Capital Contributions
as Shown on record.

\$4,000,000.00

10. Amount of Capital Contribution
in FLORIDA to date.

2,863,090

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 # P98000098901
NAME BROWNSTONE G.P. INC.
STREET ADDRESS 11820 QUAIL VILLAGE WAY
CITY-ST-ZIP NAPLES FL 34119

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/12/03 239-592-7930

Date

Daytime Phone #

CR2E003 (10/02)