2001 UNIFORM BUSINESS REPORT (UBR)

000230 AF

DOCUMENT # A98000002823

1. Entity Name

SHROCK FAMILY REALTY, LTD.

FILED
01 JUL 25 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2725 N.E. 16TH STREET FT. LAUDERDALE FL 33304	2725 N.E. 16TH STREET FT. LAUDERDALE FL 33304

2. Principal Place of Business	3. Mailing Address
1414 SE 3RD AVE	1414 SE 3RD AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale FL	City & State: Ft Lauderdale FL
Zip: 33316 Country: USA	Zip: 33316 Country

4. FEI Number 65-0881843 ☐ 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
SHROCK, KEVIN B M.D. 2725 N.E. 16TH STREET FT. LAUDERDALE FL 33304	Name: KEVIN B SHROCK MD Street Address (P.O. Box Number is Not Acceptable): 1414 SE 3RD AVE City: Ft Lauderdale FL Zip Code: 33316

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] KEVIN B. SHROCK MD 4-2201
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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$990.00		

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	P98000103942 SHROCK FAMILY MANAGEMENT REALTY, INC. 2725 N.E. 16TH STREET FT. LAUDERDALE FL 33304	STREET ADDRESS CITY-ST-ZIP	1414 SE 3RD AVENUE Ft. Lauderdale FL 33316
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	400004509774--4 -07/31/01--01058--027 ****400.00 ****400.00
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	400004509774--4 -07/31/01--01058--028 ****141.25 ****141.25
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CR2E003 (11/00)

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 REQUIRED KEVIN B SHROCK MD 4-2201 (954) 764-8033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #