

## 2000 UNIFORM BUSINESS REPORT (UBR)

526-25

DOCUMENT # A98000002931

1. Entity Name

WILLIAM FELDMAN FAMILY LTD.

Principal Place of Business

7896 DUNDEE LANE  
DELRAY BEACH FL 33446

Mailing Address

7896 DUNDEE LANE  
DELRAY BEACH FL 33446

2. Principal Place of Business

RETIRED

3. Mailing Address

7896 DUNDEE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
DELRAY BEACH, FL

City &amp; State

Zip 33446

Country USA

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GLASSER, GENE K  
% ABRAMS ANTON PA  
2021 TYLER ST.  
HOLLYWOOD FL 33022

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.

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.

\$3,500,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATIONA 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-ZIPFELDMAN, WILLIAM  
7896 DUNDEE LANE  
DELRAY BEACH FL 33446STREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPSTREET 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:

SIC: William J. Feldman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/00)