2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000285

1. Entity Name

THE LEWIS LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
7321 NORTHWEST 44TH LANE	7321 NORTHWEST 44TH LANE
COCONUT CREEK FL 33073	COCONUT CREEK FL 33073-3147

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip   Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip   Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0882415

Applied For

Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOHATCH, JOHN S ESQ.
2600 DOUGLAS ROAD, PH-8
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name — Alan Lewis

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

7321 NW 44th Lane

City Coconut Creek,   FL   Zip Code 33073

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 Alan R Lewis   Alan R Lewis   1-25-00

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. **$1,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. 10,000.00

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 # P98000103757 **NAME** A.B.L. OF PALM BEACH, INC. **STREET ADDRESS** 7321 NORTHWEST 44TH LANE **CITY-ST-ZIP** COCONUT CREEK FL 33073	STREET ADDRESS CITY-ST-ZIP	100003147941--2 -02/25/00--01079--010 ****158.75 ****158.75 nf 2/23/00
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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: Alan R Lewis   1-25-00   954 725 8437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #

CR2E003 (9/99)