

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000334**

1. Entity Name
KASSIN FAMILY PARTNERSHIP, LTD.

Principal Place of Business
**21471 HIGHLAND LAKES BOULEVARD
MIAMI FL 33179 - 6031**

Mailing Address
**21471 HIGHLAND LAKES BOULEVARD
MIAMI FL 33179 - 6031**

FILED
01 AUG 23 PM 12:17
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number **APPLIED FOR
65-0914978** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**KASSIN, ROBERT
21471 HIGHLAND LAKES BOULEVARD
MIAMI FL 33179 - 6031**

7. Name and Address of New Registered Agent
Name **CHARA KASSIN**
Street Address (P.O. Box Number is Not Acceptable)
**21471 HIGHLAND LAKES BLVD
NO. MIAMI BEACH**
City **NO. MIAMI BEACH** FL Zip Code **33179-6031**

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 DATE

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering).

9. Capital Contributions as Shown on record. **\$6,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,600,000.00**

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	812068 FOREIGN FINANCIAL INVESTMENT, INC. 21471 HIGHLAND LAKES BOULEVARD MIAMI FL 33179 - 6031	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	000004569070--8 -09/05/01--01020--009 ****326.25 ****326.25
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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: DATE **8/23/01** Daytime Phone # **305-878-8889**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CP2E003 (5/01)