## 2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # A9900000550  1. Entity Name  |   |         |                         |            |   | - !                                |   |  |
|---|---|---------|-------------------------|------------|---|------------------------------------|---|--|
|   |   |         |                         |            |   | FILED                              |   |  |
| 4629 HOLLYWOOD ASSOCIATES, LTD.   |   |         |                         |            |   |                                    | 0255012 54.0                                |  |
|   |   |         |                         |            |   |                                    | 02 FEB 13 PM 3: 32                          |  |
| Principal Place of Business  C/O ROBERT S. FORMAN  2101 WEST COMMERCIAL BLVD SUITE 4100  FT. LAUDERDALE FL 33309  Mailing Address  C/O ROBERT S. FORMAN  2101 WEST COMMERCIAL BLVD FT. LAUDERDALE FL 33309  |   |         |                         |            | BLVD., SUITE 4100                                 |                                    | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA  |  |
|   |   |         |                         |            |   |                                    | MELANASSEE, FLURIDA                         |  |
|   |   |         |                         |            | 00112 1100  |                                    |   |  |
|   |   |         |                         |            |   |                                    |   |  |
| 2. Principal Place of Business Clo 125 Proper by Convo. Inc. Clo 125 Proper   |   |         |                         |            | Group.  | Inc.                               |   |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |   |         |                         |            | #100  |                                    | DUE BY MAY 1, 2002                          |  |
| 917 Hanson St, #100 1917 Hanson Sity & State City & State   |   |         |                         |            | - 700<br>Cr                                       |                                    | 4. FEI Number 65-6299314 Applied For        |  |
| Hollywood   |   | Country | 1/01/y 00000 Juntry Zip |            | Country<br>Browerd                                |                                    | \$9.75 Additional                           |  |
| 33020   | 2   | Browerd | 33020                   | 100        | ower  | ≦✓                                 | Fee Required                                |  |
| 6. Name and Address of Current Registered Agent Name O  |   |         |                         |            |   | 27                                 | 7. Name and Address of New Registered Agent |  |
| FORMAN, ROBERT S ESQ.   |   |         |                         |            | Street Address (P.O. BarNumber is Not Acceptable) |                                    |   |  |
| 2101 WEST COMMERCIAL BLVD., SUITE 4100 FT. LAUDERDALE FL 33309  City  |   |         |                         |            |   | 17 Itanison St, #100               |   |  |
|   |   |         |                         |            |   |                                    | PI Zin Code                                 |  |
| 1701/1  |   |         |                         |            |   | wood, FL 33020                     |   |  |
| 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, voed or printed theme of registered agent and title if applicable.  DATE  DATE   |   |         |                         |            |   |                                    |   |  |
| 9. Capital Contributions as Shown on record. \$5,000.00 10. Amount of Capital Coin FLORIDA to date.   |   |         |                         |            |   |                                    |   |  |
| 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 #<br>NAME  | P9900030511<br>4629 HOLLYWOOD CORP.         |         |                         |            | ET AODRESS  | DARESS 1917 Hanson St. #100        |   |  |
| STREET ADDRESS  | RESS 2101 WEST COMMERCIAL BLVD., SUITE 4100 |         |                         | CITY       | HY-ST-ZIP Hollywood, FL 33020                     |                                    |   |  |
| CITY-ST-ZIP  DOCUMENT #   | FT. LAUDERDALE FL 33309                     |         |                         |            | -   | 10                                 | 11410000, fl 33000                          |  |
| NAME  |   |         |                         |            | ET ADDRESS  |                                    |   |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | 1   |         |                         | CITY       | -ST-ZIP   |                                    |   |  |
| DOCUMENT <b>#</b>   |   |         | STRE                    | ET ADDRESS |   | 1000050223618<br>-02/27/0201001007 |   |  |
| NAME<br>STREET ADDRESS  | ess   |         |                         | -          |   | ****141.25 ****141.25              |   |  |
| CITY-ST-ZIP   |   |         |                         | CITY       | -ST-ZIP   |                                    |   |  |
| DOCUMENT #<br>NAME  |   |         |                         | STRE       | ET ADDRESS  |                                    |   |  |
| STREET ADDRESS  |   |         |                         | CITY       | -ST-ZIP   |                                    |   |  |
| DOCUMENT #  |   |         | · =                     | -          |   |                                    |   |  |
| NAME  | E   |         |                         | STRE       | ET ADDRESS  |                                    |   |  |
| STREET ADORESS<br>CITY-ST-ZIP   |   |         |                         | CITY       | -ST-ZIP   |                                    | <b>\</b>                                    |  |
| DOCUMENT #  |   |         |                         | STRF       | ET ADDRESS  |                                    |   |  |
| NAME<br>STREET ADDRESS  |   |         |                         |            | -   |                                    |   |  |
| CITY-ST-ZIP   |   |         |                         | 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/25/02 954.925.9575