200(2000 UNIFORM BUSINESS REPORT (UBR)					
DOCUMENT # A9900000579 1. Entity Name GINSBURG FAMILY HOLDINGS, LTD.					SECRETARY OF STATE DIVISION OF CORPORATIONS	
Principal Place of Business Mailing Address 1551 SANDSPUR ROAD 1551 SANDSPUR ROAD MAITLAND FL 32751 MAITLAND FL 32751-6132					00 MAR 28 PM 1: 23	
2. Principal Place of Business 3. Mailing Address 7.0 BOX 4			196	 , I		
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE	
City & State		ORLANDO, FC			4. FEI Number Applied For Not Applicable	
Zip	Country	32802	Coun	SA-	5. Certificate of Status Desired	
	6. Name and Address of Current				7. Name and Address of New Registered Agent	
B&C CORPORATE SERVICES OF CENTRAL FLORIDA				Name		
390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801				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 OUT OF OTE OF OTHER PROPERTY						
9. Capital Contributions as Shown on record. \$4,200,000.00 In FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY					SEE REVERSE SIDE FOR FEE INFORMATION	
_	NOTE: General Partners MA	Y NOT be changed on the	he form	i; an amendme	nt must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION DOCUMENT / L99000002011					ADDRESS CHANGES ONLY	
NAME	GINSBURG FAMILY HOLDINGS, L.L.C.		STRE	EET ADDRESS	E003 (9/99)	
STREET ADORESS CITY-ST-ZIP	1551 SANDSPUR ROAD MAITLAND FL 32751		СПҮ	/-ST-ZIP	250	
DOCUMENT#			STRE	EET ADDRESS	1000031961013 ⁸	
NAME STREET ADDRESS CITY-ST-ZIP			СПУ	'-ST-ZIP	-94/95/0091906901 ****526.25 ****526.25	
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NAME STREET ADDRESS CITY-ST-ZIP	:		CITY	/-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP		
DOCUMENT# NAME	·		STR	EET ADDRESS		
STREET ADORESS CITY-ST-ZIP			СПУ	/-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 PREQUIRE A SIGNATURE PROPERTY THE INTEREST NEMBER Jayrime Prione #						
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