APPRU7E LIMITED PARTNERSHIP AHD**UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # HAMOU 02 APR 15 AMII: 23 1. Entity Name SECRETARY OF STATE THE FRIEDLAND FAMILY LIMITED PARTNERSHIP TALL AHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE BY FOUNTAINS CINCIF Suite, Apt. #, etc. **DUE BY MAY 1** City & State City & State 4. FEI Number Applied For LAKE WORSH FL
Country 650919066 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33467 Fee Required 7. Name and Address of Current Registered Agent RANK M FRIEDLAND DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 6945 FOUNTAINS . ne above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE in FLORIDA to date. as Shown on record 750 m 656494 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 DOCUMENT # FRANK FRIEDLAND STREET ADDRESS NAME 6845 FOUNTAINS CIPCLE STREET ADDRESS -04/18/02--01068--027 CITY-ST-ZIP CITY-ST-ZIP LAKE WURTH FL 33467 ****526.25 ****526.25 DOCUMENT # JUAN FRIEDLAND STREET ADDRESS NAME 6945 FUNNTAINS CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WURTH FL 32467 DOCUMENT # STREET ADDRESS STREET ADDRESS DO_NOT_WRITE CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # IN THIS SPACE STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME . STREET AT DRESS CITY-ST-XP CITY-ST-ZIP

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STREET ADDRESS

SIGNATURE

DOCUMENT &

CITY-ST-ZIP

NAME STREET ADDRESS

FRANKERS FRIEDLAND 4/1/2002 561-964-0295

CR2E003B (12/01

^{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