

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002981 AV

DOCUMENT # A99000000816

1. Entity Name
THE FRIEDLAND FAMILY LIMITED PARTNERSHIP



FILED

2003 JUN 10 AM 4:54

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
6945 FOUNTAINS CIRCLE
LAKE WORTH FL 33467

Mailing Address
%KAYE, SCHOLER, FIERMAN, HAYS & HANDLER
777 SOUTH FLAGLER DRIVE, SUITE 1002
WEST PALM BEACH FL 33401

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
6945 FOUNTAINS CIRCLE
Suite, Apt. #, etc.

City & State
LAKE WORTH, FLORIDA

Zip
33467

Country

4. FEI Number 65-0919066

Applied For
Not Applicable

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

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

FRIEDLAND, FRANK M.
6945 FOUNTAINS CIRCLE
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$750,000.00

10. Amount of Capital Contributions
in FLORIDA to date. \$50,807

11. MAKE CHECK PAYABLE TO FL. 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

DOCUMENT #	FRIEDLAND, FRANK
NAME	6945 FOUNTAINS CIRCLE
STREET ADDRESS	LAKE WORTH FL 33467
CITY-ST-ZIP	
DOCUMENT #	FRIEDLAND, JOAN
NAME	6945 FOUNTAINS CIRCLE
STREET ADDRESS	LAKE WORTH FL 33467
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	900017828709
CITY-ST-ZIP	06/10/03--01049--003 **88.75
STREET ADDRESS	900017828709
CITY-ST-ZIP	05/01/03--01055--024 **437.50
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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

4/27/03
Date

561964-0295
Daytime Phone #

CR2E003 (10/02)