

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A-99 00000911
1. Entity Name SY Rosenblatt Family Ltd
 9999 Collins Ave #70

FILED
 01 AUG 13 PM 12:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Bal Harbour, Florida 33154
Mailing Address SAME

2. Principal Place of Business AS ABOVE
3. Mailing Address AS ABOVE
 Suite, Apt. #, etc.

4. FEI Number 65-0937801
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 SY ROSENBLATT
 9999 COLLINS AVE #70
 BAL HARBOUR, FLA 33154

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.
SIGNATURE *[Signature]* **DATE** 8/13/01

9. Capital Contributions as Shown on record 2,500,000.00
10. Amount of Capital Contributions in FLORIDA to date. 1000
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			
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	ROSENBLATT Seymour	9999 COLLINS AVE #70	BAL HARBOUR, FLA 33154
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	Rosenblatt, Nzt P	1887 Montgomery St.	Cardiffon Sea Ca. 92007
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	Rosenblatt, Steven P	639 W. Montgomery Dr.	Newport Beach Ca 92260
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	
CITY-ST-ZIP	
STREET ADDRESS	400004539214--5
CITY-ST-ZIP	-08/17/01--01014--004 ****141.25 ****141.25
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]* **DATE** 8-20-01 **Daytime Phone #**

CR2E003 (1/1/00)