

2002 UNIFORM BUSINESS REPORT (UBR)

0010280
AT

DOCUMENT # A99000000911

1. Entity Name
SY ROSENBLATT FAMILY LTD.

FILED

02 APR 26 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address

C/O MR. SEYMOUR ROSENBLATT **C/O MR. SEYMOUR ROSENBLATT**
9999 COLLINS AVENUE - APT. 7J **9999 COLLINS AVENUE - APT. 7J**
BAL HARBOUR FL 33154 **BAL HARBOUR FL 33154**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **65-0937801** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SY ROSENBLATT
9999 COLLINS AVENUE - APT 7J
BAL HARBOUR FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$2,500,000.00** 10. Amount of Capital Contributions in FLORIDA to date. _____

**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 TRUSTEE 9999 COLLINS AVENUE BAL HARBOUR FL 33154
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ROSENBLATT, NAT D 1887 MONTGOMERY STREET CARDIFF ON THE SEA CA 92007
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ROSENBLATT, STEVEN P 639 W. PROMONOTORY 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	9000005450059 1 -05/03/02--01058--006 ****526.25 ****526.25
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: *Seymour Rosenblatt* 4-23-02 854-987-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)