

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001111**

1. Entity Name

**BENHALIM FAMILY PARTNERSHIP, LTD.**

Principal Place of Business  
**50 N. LAURA ST., SUITE 3100  
JACKSONVILLE FL 32202**

Mailing Address  
**50 N. LAURA ST., SUITE 3100  
JACKSONVILLE FL 32202**

APPROVED  
AND  
FILED

02 APR 29 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
**50 North Laura Street**

3. Mailing Address  
**50 North Laura Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 2500**

**Suite 2500**

City & State

City & State

**Jacksonville, Florida**

**Jacksonville, Florida**

Zip

Country

Zip

Country

**32202**

**USA**

**32202**

**USA**

**DUE BY MAY 1, 2002**

4. FEI Number **59-3612747**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRANT, MOORE, MACDONALD & WELLS, P.A.  
50 N. LAURA ST., SUITE 3100  
JACKSONVILLE FL 32202**

Name  
**Terry A. Moore**

Street Address (P.O. Box Number is Not Acceptable)  
**50 North Laura Street, Suite 2500**

City  
**Jacksonville, Florida**

**FL**

Zip Code  
**32202**

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

4/15/02

DATE

9. Capital Contributions  
as Shown on record.

**\$1,831,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P94000080379**  
NAME **RASSAS CORPORATION**  
STREET ADDRESS **50 N. LAURA ST., SUITE 3100**  
CITY-ST-ZIP **JACKSONVILLE FL 32202**

STREET ADDRESS **50 North Laura Street, Suite 2500**  
CITY-ST-ZIP **Jacksonville, Florida 32202**

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**000005449490-1**  
**05/03/02 01038-004**  
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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:

*Terry A. Moore*

4/15/02

904-798-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Telephone Phone #

CR2E003 (9/01)

0006666 AT