

2002 UNIFORM BUSINESS REPORT (UBR)

000949 AT

DOCUMENT # A99000001540

1. Entity Name
THE ALAN H. POTAMKIN FAMILY LIMITED PARTNERSHIP

LF. FILED
02 APR 24 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1 CASUARINA CONOURSE
CORAL GABLES FL 33143

Mailing Address
1 CASUARINA CONOURSE
CORAL GABLES FL 33143

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2002

4. FEI Number 65-0948999
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
NELSON, BARRY A ESQ.
ONE TURNBERRY PLACE
19495 BISCAYNE BLVD., SUITE 609
AVENTURA FL 33180

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. **\$3,000,000.00**

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 #	P99000080919
NAME	ALAN H. POTAMKIN FAMILY HOLDINGS, INC.
STREET ADDRESS	1 CASUARINA CONOURSE
CITY-ST-ZIP	CORAL GABLES FL 33143
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600005481996--0
CITY-ST-ZIP	05/07/02 01084 004 *****526.25 *****526.25
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: _____ **DATE:** 4-17-02 **DAYTIME PHONE #:** 305-665-9600

SECURITY REQUIRED

CR2E003 (9/01)