

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # AA9000001820 LTD
 1. Entity Name Seigel Family Limited Partnership

FILED
 00 SEP 28 PM 1:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
8877 COLLINS AVE
APT 1104 SURFSIDE FL, 33154

2. Principal Place of Business 3. Mailing Address
8877 COLLINS AVE 8877 COLLINS AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1104 1104

City & State City & State
SURFSIDE, FL. SURFSIDE FL
 Zip Country Zip Country
33154 FL 33154 FL

4. FEI Number Applied For
65-0965009 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Bennett M. Seigel
8877 COLLINS AVE
APT. 1104 SURFSIDE, 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 Bennett M. Seigel DATE 9/25/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 1,000,000 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 #	<u>Bennett M. Seigel</u>
NAME	<u>8877 COLLINS AVE APT 1104</u>
STREET ADDRESS	<u>SURFSIDE, FL 33154</u>
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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	
CITY-ST-ZIP	<u>700003415847--0</u>
STREET ADDRESS	<u>-10/05/00--01118--012</u>
CITY-ST-ZIP	<u>*****535.00 *****535.00</u>
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: Bennett M. Seigel DATE 9/25/00 DAYTIME PHONE # 305-864-1138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)

9/25/00

Florida Department of State
Division of Corporation

Division of Corporations
Registration Section

P.O. Box 6327

Tallahassee, Fla. 32314

Re Uniform Business Report

Attention Gretchen Harvey

Dear Miss Harvey

Please be advised that I never
received the first notice to pay this
fee.

Yours truly,

Bennett M. Reigel