CR2E003 (10/02)

## 2003 LIMITED PARTNERSHIP

## 160 **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # A99000002091 1. Entity Name HENDLER PARTNERS, LIMITED PARTNERSHIP SECRETAGE DIESTATE TALLAHASSEE FLORIDA Principal Place of Business 21493 LINWOOD COURT Mailing Address 21493 LINWOOD COURT **BOCA RATON FL 33438 BOCA RATON FL 33438** 4 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State 4. FEI Number 22-3692393 Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. StGNATURE Signature, typed or printed name of registered agent and title if applicable. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions \$5,655,567.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 655,567 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS HENDLER, ROBERT C NAME 21493 LINWOOD COURT STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33438** CITY-ST-ZIP <del>300013099513</del> DOCUMENT # 02/26/03--01011--020 \*\*437.50 STREET ADDRESS HENDLER, AUTA P NAME STREET ADORESS 21493 LINWOOD COURT CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33438** DOCUMENT # STREET ADDRESS BERLAMINO, STEPHEN P NAME STREET ADDRESS 106 E. RIDGEWOOD AVENUE CITY-ST-ZIP CITY-ST-ZIP PARAMUS NJ 07652 DOCUMENT # STREET ADDRESS 30001309951 03/31/03--01005--005 NAME STREET ADDRESS \*\*88.75 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP