


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010394 AT

DOCUMENT # A00000001012 1. Entity Name BEBA COMPANY HOLDINGS LTD.	
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FILED

03 MAY -6 PM 1:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business C/O ORION INVESTMENT & MANAGEMENT LTD. COR 9000 SW 152ND ST., STE 106 MIAMI FL 33157	Mailing Address C/O ORION INVESTMENT & MANAGEMENT LTD. COR 9000 SW 152ND ST., STE 106 MIAMI FL 33157
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2. Principal Place of Business	3. Mailing Address	DUE BY MAY 1, 2003	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-1022952	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

BROWN, B. MACKAY
C/O ORION INVESTMENT & MANAGEMENT LTD. COR
9000 SW 152ND ST., STE 106
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____
 State **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$4,500,000.00	10. Amount of Capital Contributions in FLORIDA to date. 4,500,000.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P00000059158	STREET ADDRESS	
NAME	GABRIELLE HOLDINGS CORP.	CITY-ST-ZIP	
STREET ADDRESS	9000 SW 152ND ST., STE 106	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: Jose A. Sanz **4/30/03** **305-2788400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)