


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010382 AT

DOCUMENT # A00000001671

1. Entity Name:
WILLIAMS FAMILY HOLDINGS, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -9 PM 2:02

WR
10/23

Principal Place of Business 15445 S.W. 85TH AVENUE MIAMI FL 33157	Mailing Address 15445 S.W. 85TH AVENUE 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.		
City & State	City & State	4. FEI Number 65-1062172	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSIASON, LEE J
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES FL 33134

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. 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. \$1,500,000.00	10. Amount of Capital Contributions in FLORIDA to date. 779,174	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 #	P00000101297	STREET ADDRESS	
NAME	WILLIAMS FAMILY MANAGEMENT CO.	CITY-ST-ZIP	800022216978
STREET ADDRESS	15445 S.W. 85TH AVENUE		08/11/03--01070--005 **837.50
CITY-ST-ZIP	MIAMI FL 33157		800022216978
DOCUMENT #		STREET ADDRESS	-10/09/03--01040--005--**88.75
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: FRANKLYN M. WILLIAMS **10/06/03** **(305) 251-7620**

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

STAPLE CHECK HERE

CR2E003 (10/02)