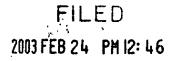
2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## A0200000708 **DOCUMENT #**

1. Entity Name FREUND FAMILY PARTNERSHIP, LTD.



Principal Place of Business



1 6400

695 BUTTONWOOD LN. BAY POINT FL 33137		655 BUTTONWOOD LN. BAY POINT FL 33137		DIVILION OF CORPORATIONS TALLAHASSEE, FLORIDA				
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003				
City & Sta	ate	City & State			4. FEI Number 59-17922	217	F	Applied For Not Applicable
Zip	Country	Zip	Country	,	5. Certificate of Status Desired		\$8.75 Fee Re	5 Additional
<u> </u>	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New I	Registered	Agent	
M & W AGNETS, INC.				Name	-			
2101 CORPORATE BLVD., STE. 107 BOCA RATON FL 33431				Street Address (P.O. Box Number is Not Acceptable)				
	101112 30101			·				-
	·			City		FL	_   '	Code
	e named entity submits this statement fitions of registered agent.	or the purpose of changing its	registered (	office or registere	ed agent, or both, in the State of Flo	orida. Lam	familiar	with, and accept
SIGNATURE								
9. Capital Contributions as Shown on record. \$10,000,000.00 ID. Amount of Capital Confidence in FLORIDA to date.				ions	11. MAKE CHEC	K PAYABLE	TO FL.	DEPT. OF STATE
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS EN	TITY MUS	T BE REGIST	EDED AND ACTIVE WITH TH	IC OFFICE		TORMATION
NOTE: General Partners MAY NOT be changed on the formation  12. GENERAL PARTNER INFORMATION				ADDRESS CHANGES ONLY				
DOCUMENT <b>#</b> NAME	FREUND HOLDINGS LLC 695 BUTTONWOOD LN. BAY POINT FL 33137			DDAESS	ADDRESS CH	ANGES ON	<u>-Y</u>	
STREET ADDRESS CITY-ST-ZIP				ZIP	900013041479			
DOCUMENT # NAME			STREET AL	DDRESS	<del>- 02/24/030108</del> 4-	<del>-009</del>	**520	1.25
STREET ADDRESS CITY-ST-ZIP	С			ZIP				
DOCUMENT # NAME	-		STREET AC	DDRESS				
STREET ADDRESS CITY-ST-ZIP	- 		CITY-ST-2	ZIP		<del></del> -		
DOCUMENT / NAME			STREET AD	DORESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-Z	ZIP				
DOCUMENT # NAME			STREET AD	DDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-Z	ŽIP				
DOCUMENT #			STREET AD	DRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-Z	IP				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #