


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A0200000740**

1. Entity Name  
**EL RANCHO VERDE #3, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

W/ 4/24

03 APR 18 PM 4:25

Principal Place of Business 102 N. SWINTON AVE. DELRAY BEACH, FL 33444	Mailing Address 102 N. SWINTON AVE. DELRAY BEACH, FL 33444
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2. Principal Place of Business	3. Mailing Address <b>300 S Pine Island Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>110</b>
City & State	City & State <b>Plantation, FL</b>
Zip	Zip <b>33324</b>

DUE BY MAY 1, 2003	
4. FEI Number <b>95-2623156</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**WEINER, MICHAEL S ESQ  
WEINER & ARONSON, P.A.  
102 NORTH SWINTON AVE.  
DELRAY BEACH, FL 33444**

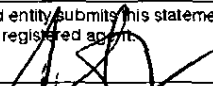
7. Name and Address of New Registered Agent

Name **Steven P Fischer**  
**Executive Secretary & Manager, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**300 S Pine Island Rd #110**

City **Plantation** FL Zip Code **33324**

B. 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 **4/11/03**

9. Capital Contributions as Shown on Record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date.


11. MAKE CHECK PAYABLE TO FL 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 #	<b>F02000002366</b>
NAME	<b>JENNIE TOO, INC.</b>
STREET ADDRESS	<b>1359 BROADWAY, ROOM 520</b>
CITY-ST-ZIP	<b>NEW YORK, NY 10018</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
<b>900016323158</b>	
<b>04/18/03--01045--003 **141.25</b>	
STREET ADDRESS	
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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:  DATE **4/11/03** TIME **9:37 370 0300**

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)