

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002401 AV

**DOCUMENT # A02000000838'**

1. Entity Name  
**BOROSKI INVESTMENTS, LTD., LLLP**



FILED  
SECRETARY OF STATE  
OF CORPORATIONS  
MAY 12 AM 11:29

*CR 6/3*

Principal Place of Business  
**9667 N.W. 33RD STREET  
MIAMI FL 33172**

Mailing Address  
**9667 N.W. 33RD STREET  
MIAMI FL 33172**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**02-06223881**

Applied For  
 Not Applicable

**DUE BY MAY 1, 2003**

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOROSKI, EDWARD J  
9667 N.W. 33RD STREET  
MIAMI FL 33172**

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. **99.00**      10. Amount of Capital Contributions in FLORIDA to date. **5,000,000**      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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>L02000013833</b>	STREET ADDRESS	
NAME	<b>EJB HOLDINGS, LLC</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>9667 N.W. 33RD STREET</b>		
CITY-ST-ZIP	<b>MIAMI FL 33172</b>		
DOCUMENT #		STREET ADDRESS	<b>900018689279</b>
NAME		CITY-ST-ZIP	<b>05/12/03 01010 001 **526.25</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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:** *SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**305-392-5085**  
Date      Daytime Phone #

CR2E003 (10/02)