

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011388 AT

DOCUMENT # A02000001312

1. Entity Name
S CUBED HOLDINGS, LLLP



FILED
03 JUN 30 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8151 PETERS ROAD
SUITE 3300
PLANTATION FL 33324

Mailing Address
8151 PETERS ROAD
SUITE 3300
PLANTATION FL 33324



2. Principal Place of Business
1200 S. Pine Island Rd.
Suite, Apt. #, etc.
Suite #200

3. Mailing Address
1200 S. Pine Island Rd.
Suite, Apt. #, etc.
Suite #200

DUE BY MAY 1, 2003

City & State
Plantation, FL

City & State
Plantation, FL

4. FEI Number Applied For
 Not Applicable

Zip 33324 **Country** USA

Zip 33324 **Country** USA

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

6. Name and Address of Current Registered Agent

MONDRE, RICHARD D
8151 PETERS ROAD
SUITE 3300
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road, Ste #200

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

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 *[Signature]* **DATE**

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

9. Capital Contributions as Shown on record. \$7,920,000.00

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 #	P01000105152
NAME	S CUBED HOLDINGS GP, INC.
STREET ADDRESS	8151 PETERS ROAD SUITE 3300
CITY-ST-ZIP	PLANTATION FL 33324
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	1200 S. Pine Island Rd, #200
CITY-ST-ZIP	Plantation, FL 33324
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800016239278 06/25/03--01024--013 **\$376.25
CITY-ST-ZIP	
STREET ADDRESS	800016239278 04/18/03--01024--013 **\$150.00
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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date **Daytime Phone #**

STAPLE CHECK HERE

CR2E003 (10/02)