


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012212 AT

<b>DOCUMENT # A12905</b> 1. Entity Name <b>INCOME PARTNERS, LTD.</b>	
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FILED  
2003 APR 17 PM 3:02

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>4408 WOODFIELD BLVD BOCA RATON FL 33434</b>	Mailing Address <b>4408 WOODFIELD BLVD BOCA RATON FL 33434</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<b>DUE BY MAY 1, 2003</b>	
4. FEI Number <b>59-2260220</b>	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>ABRAMS, PAUL J. 4408 WOODFIELD BLVD BOCA RATON FL 33434</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> 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.	<b>\$742,000.00</b>
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10. Amount of Capital Contributions in FLORIDA to date.	
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**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>652192</b>
NAME	<b>ABRAMS AND COMPANY</b>
STREET ADDRESS	<b>4408 WOODFIELD BLVD.</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>
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	
CITY-ST-ZIP	
STREET ADDRESS	<b>000016216970</b>
CITY-ST-ZIP	<b>04/17/03--01071--006 **526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *Paul Abrams* 4/12/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)