2003 LIMITED PARTNERSHIP INIFORM BUSINESS REPORT (UBR)

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DOCU 1. Entity Nat	JMENT # A1714			WENT CO		FILED 03 FEB 26 AM II: 00	
Principal Place of Business 6460 TAFT STREET. APT 118 HOLLYWOOD FL 33024			Mailing Address 6460 TAFT STREET, APT 118 HOLLYWOOD FL 33024			SECRETARY OF STATE TALLAHASSEE, FLORIDA	KIBILI BEBILI BEBILI BEBILI ISBBI
Principal Place of Business 3. Mailing Address			lailing Address				
Suite, Apt. #, etc. Suite, Apt. #, e			uite, Apt. #, etc.	etc.		DUE BY MAY 1, 2003	
City & State		Ci	City & State		<u>"</u>	4. FEI Number 59-2407984	Applied For
Zip Country			Zip		. 4	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curren	nt Registe	red Agent			7. Name and Address of New Registered	
GABLE, N	MICHAEL P.			١	Name		A gont
4000 HOLLYWOOD BLVD				s	Street Address (P.O. Box Number is Not Acceptable)	
SUITE 73	5 SOUTH						
HOLLYWOOD FL 33021-6744				City	-	Zip Code	
The above named entity submits this statement for the purpose of changing its re the obligations of registered agent.				.	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable.							
	Signature, typed or printed name of registered agent	nt and title if ap	pplicable. 1 32.00	-	· · ·	DATE	
9. Capital Co as Shown	ontributions \$2 428 303 00	nt and title if a	10. Amount of Capita in FLORIDA to da		ons	11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOR	
	on record. \$2,428,393.00 A GENERAL PARTNER	THAT IS	10. Amount of Capita in FLORIDA to da	ate. '	T BE REGIST	11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOR	R FEE INFORMATION
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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

2/24/03 954-966-923
Date Dayting Phone #