


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000202 A1

DOCUMENT # A17144 1. Entity Name TAFT PLAZA, LTD.	
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FILED

03 FEB 26 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 6460 TAFT STREET, APT 118 HOLLYWOOD FL 33024	Mailing Address 6460 TAFT STREET, APT 118 HOLLYWOOD FL 33024
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003	
4. FEI Number 59-2407984	Applied For
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent	
GABLE, MICHAEL P. 4000 HOLLYWOOD BLVD SUITE 735 SOUTH HOLLYWOOD FL 33021-6744	

7. Name and Address of New Registered Agent	
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. \$2,428,393.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	GABLE, DAVID
NAME	6460 TAFT ST., APT 118
STREET ADDRESS	HOLLYWOOD FL 33024
CITY-ST-ZIP	
DOCUMENT #	GABLE, JANET
NAME	6460 TAFT ST., APT 118
STREET ADDRESS	HOLLYWOOD FL 33024
CITY-ST-ZIP	
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	900013139329
STREET ADDRESS	02/26/03--01048--012 ***526.05
CITY-ST-ZIP	
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: *David Gable*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **2/24/03** Daytime Phone #: **904-966-9213**

CP2E003 (10/02)