FILED

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A29735 **DOCUMENT #**

1. Entity Name CONCORDE WAREHOUSES, LTD.



i.							03 FEB 24	AM 10: 55
Principal Place of Business C/O BARMAX INVESTMENTS. INC. 5582 N.W. 79TH AVENUE MIAMI FL 33166			Mailing Address C/O BARMAX INVESTMENTS, INC. 5582 N.W. 79TH AVENUE MIAMI FL 33166				SECRETARY TALLAHASSEI	OF STATE E. FLORIDA
2. Principal Place of Business			3. Mailing Address				1/8	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003		
City & State			City & State			4. FEI Number	65-0162501	Applied For Not Applicable
Zip	,	Country	Zip	Coun	try	5. Certificate o	f Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent							ddress of New Registere	ed Agent
					Name MARTIN WAAS			
SIGARS, L. JANA, ESQ.					Street Address (P.O. Box Number is Not Acceptable)			
	AYSHORE	DRIVE			Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33133								
					City			■■ Zip Code
		*			MIP	mı		L 33366
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, typed or printed name of registered agent and title if applicable.								
9. Capital Contributions as Shown on record. \$880,000.00 10. Amount of Capital C in FLORIDA to date					-		SEE REVERSE SIDE	LE TO FL. DEPT. OF STATE 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#	Manage				1		ADDITICOS OTTATOCO .	SILE
NAME	BARMAX INVESTMENTS, INC.			STRE	STREET ADDRESS			
STREET ADDRESS	5 5582 N.W. 79TH AVENUE		CIT		-ST-ZiP			
CITY-ST-ZIP	MIAMI FL			CITY	-31-217			
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NAME				Sinc	EI ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	100012957721 02/21/0301033005_***526 .7 5		
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NAME				SIM	LI ADURESS			
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CITY-ST-ZIP .							.	
14. I hereby o	certify that th	e information supplied with	this filing does not qualify fo	r the exe	mption stated in Se	ction 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: