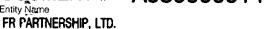
2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A9300001412 DOCUMENT # 1. Entity Name





Principal Place of Business 10770 N.W. 66TH ST., APT. 303 MIAMI FL 33178

Mailing Address 10770 N.W. 66TH ST., APT. 303

MIAMI FL 33178

FILED

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DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA



2. Principal Place of Business			3. Mailing Address				II 1018 (DIAO IIRII OBIII BOIIR BOIR DAIRI DEFII O	PION 71611 8:001 11878 1181 1081	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DUE BY MAY 1, 2003		
City & State			. City & State			4. FEI Numb	4. FEI Number 65-0455924 Applied For Not Applicable		
Zip Country			Zip Country		ntry	5. Certificate of Status Desired See Required			
6. Name and Address of Current Registered Agent					T	7. Name and Address of New Registered Agent			
					Name				
FISCHER, ARTHUR D 10770 N.W. 66TH ST., APT. 303					Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33178									
					City	FL Zip Code			
8. The above the obligat	named entity tions of regist	y submits this statement for ered agent.	the purpose of cha	anging its register	ed office or re	egistered agent, or bo	th, in the State of Florida. I am f	amiliar with, and accept	
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable.	 .			DATE		
9. Capital Contributions as Shown on record. \$1,120,000.00 10. Amount of Capital in FLORIDA to da					butions	120,000	11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOR		
	A (GENERAL PARTNER T : General Partners MA	HAT IS A BUSIN Y NOT be chang	ESS ENTITY M ed on the form	UST BE RE	GISTERED AND A	ACTIVE WITH THIS OFFICE of to change a general part		
12. GENERAL PARTNER INFORMATION					13. ADDRESS CHANGES ONLY				
DOCUMENT #	בוניסוודה	ADTUUD D		STRE	ET ADDRESS				
NAME STREET ADDRESS									
CITY-ST-ZIP	MIAMI FL		•	CITY	-ST-ZIP				
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14 Thereby C	ertify that the	information supplied with	his filing does not a	uslify for the ever	notion stated	in Section 110 07/2)/2	Clarida Ctatutas I further serti	6 . 4h - 4 Ah - (-44)	

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: