

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004114 AV

DOCUMENT # A95000001437

1. Entity Name
GOVERNMENT RECEIVABLES FACTORING, LIMITED PARTNE
RSHIP



FILED

2003 JAN 27 PM 4:18

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
350 SOUTH COUNTY RD.
STE. 202
PALM BEACH FL 33480

Mailing Address
350 SOUTH COUNTY RD.
STE. 202
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 65-0593105

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LE NEVE, W. LAWRENCE
350 SOUTH COUNTY RD.
SUITE 203
PALM BEACH FL 33480

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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # P95000068680
NAME PARTNERSHIP MANAGEMENT SERVICES, INC.
STREET ADDRESS 350 SOUTH COUNTY RD., STE. 203
CITY-ST-ZIP PALM BEACH FL 33480

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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 _____ GENIUS WELLS
PRES. OF GP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/24/03 561-832-1299
Date Daytime Phone #

CR2E003 (10/02)