

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001700 AT

DOCUMENT # A95000001521 1. Entity Name ENTRESS PARTNERS, LTD.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
WJ/31
03 MAR 27 PM 4:10

Principal Place of Business 5200 NORTH OCEAN DR. SINGER ISLAND FL 33404	Mailing Address 5200 NORTH OCEAN DR. SINGER ISLAND FL 33404
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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DUE BY MAY 1, 2003	
4. FEI Number 65-0624736	Applied For <input type="checkbox"/> Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STREIT, THOMAS E 777 SOUTH FLAGLER DR. STE. 900 WEST PALM BEACH FL 33401

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. \$495,000.00
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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	
DOCUMENT #	P95000072919
NAME	ENTRESS CORPORATION
STREET ADDRESS	5200 NORTH OCEAN DR., #201
CITY-ST-ZIP	SINGER ISLAND FL 33404
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	
STREET ADDRESS	000014845340 <small>03/27/03 01037 000 **526.25</small>
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: *Signature of Robert Entress* **ROBERT ENTRESS** 3/22/03 561-848-2814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)