UNIFORM BUSINESS REPORT (UBR) A9600001098 **DOCUMENT#**

1. Entity Name ALBION ASSOCIATES, LTD.

Principal Place of Business 311 LINCOLN ROAD. SUITE 200

2. Principal Place of Business

MIAMI BEACH FL 33139

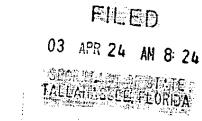
Suite, Apt. #, etc.



Mailing Address 311 LINCOLN ROAD, SUITE 200 MIAMI BEACH FL 33139

3. Mailing Address

Suite, Apt. #, etc.





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City & State			City & State			4. FEI Numbe	er 65-0670705		ed For opplicable
Zip	Country		Zip	Country		5. Certificate	5. Certificate of Status Desired See Required Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent			
WEIDER, NORMAN S ESQ.					Name				
100 S.E. 2ND STREET, SUITE 3950					Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33131							, <u>.</u>		
•					City		F	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 \$500,000.00 10. Amount of Capital				tal Contrib	Nutions		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE		
as Shown on record.							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 # P93000052597 NAME JEJA ASSOCIATES, INC.				STRE	ET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP	REET ADDRESS 311 LINCOLN ROAD, SUITE 200			CITY-	-ST-ZIP	900016957919 04/24/0301045011 **526.25			
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STREET ADDRESS CITY-ST-ZIP					ST-ZIP				
14. I hereby o	certify that the information supplied	with this f	lling does not qualify fo	r the exer	nption stated in	Section 119.07(3)(i), Florida Statutes. I further of	certify that the inform	mation

the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CR2E003 (10/02)