


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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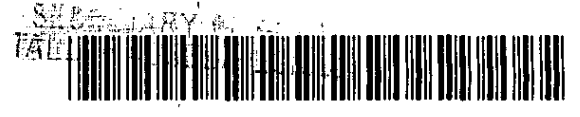
**DOCUMENT # A96000002012**

1. Entity Name  
**SPRING VALLEY FINANCING PARTNERSHIP, LTD.**



FILED

03 MAY -2 PM 2:41



Principal Place of Business  
% DARYL CRAMER & ASSOCIATES. P.A.  
3801 PGA BLVD. SUITE 508  
PALM BEACH GARDENS FL 33410-2758

Mailing Address  
% DARYL CRAMER & ASSOCIATES. P.A.  
3801 PGA BLVD. SUITE 508  
PALM BEACH GARDENS FL 33410-2758

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 **65-0705343**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DARYL CRAMER & ASSOC., P.A.**  
**515 N. FLAGLER DR., SUITE 910**  
**WEST PALM BEACH FL 33401-5010**

**7. Name and Address of New Registered Agent**

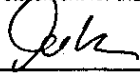
Name **Daryl Cramer & Associates, P.A..**

Street Address (P.O. Box Number is Not Acceptable)  
**3801 PGA Boulevard**

**Suite 508**

City **Palm Beach Gardens** **FL** Zip Code **33410**

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  **Daryl B. Cramer, Inc** **4/22/03**

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

9. Capital Contributions as Shown on record. **\$1,300,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,300,000.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P96000079941</b> <b>SPRING VALLEY GENERAL PARTNER, INC.</b> <b>515 N. FLAGLER DR., SUITE 910</b> <b>WEST PALM BEACH FL 33401</b>
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>3801 PGA Boulevard, Suite 508</b>
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410-2758</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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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

Spring Valley General Partner, Inc.

SIGNATURE:  **Fabrizio Lucchese** **4-08-03** **905-882-1212**

Signature, typed or printed name of signing general partner Date Daytime Phone #

CR2E003 (10/02)