2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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City & State Country Country Country S. Certificate of Status Desired S87.75 Additional S87	Principal Place of Business 3. Mailing Address				.,				
Applied for Mod Applicable S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent The Address (P.O. Box Number is Not Acceptable) The Address	Suite, Ap	t. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2003		
S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. 8. Capital Contributions 8. Capital Contributions 8. SSO,000.00 10. Amount of Capital Contributions 8. SSO,000.00 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SER REVERSES SIDE FOR FEE INFORMATION A GENERAL PARTNER THAT I SA BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 10. TOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to Apple SC CHANGES ONLY 97000010198 WEAVCO REAL ESTATE CORP. 300.0. COMPASS DRVE 576ET ADDRESS CITY-ST-2P 10. STREET ADDRESS CITY-ST-2P 10. DOUBLANT / SIREET ADDRESS CITY-ST-2P 10. DOUBLANT / 10. DOUBLANT / 10. STREET ADDRESS CITY-ST-2P 10. DOUBLANT / 10. DOUBLANT / 10. STREET ADDRESS CITY-ST-2P 10. DOUBLANT / 10. DOUBLANT / 10. STREET ADDRESS CITY-ST-2P 10. DOUBLANT /	City & State			City & State	City & State		4. FEI Numbe	4. FEI Number 65-0729706 Applied For Not Applied	
REEN, MITCHELL F KRAMER, GREEN, ZUCKERMAN & KAHN, P.A. 4000-HOLLYWOOD BLVD., SUITE 485 SO. HOLLYWOOD FL 33021 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Capital Contributions as Shown on record. A GENERAL PARTHER 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 filled to change a general partner. 12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 13. GENERAL PARTNER INFORMATION 14. ADDRESS CHANGES DILLY 15. GENERAL PARTNER INFORMATION 15. ADDRESS CHANGES DILLY 16. STREET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-ST-7P DODUMENT / NAME SIRET ADDRESS CITY-ST-7P	- Zip				Count	ry			\$8.75 Additional
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Capital Contributions \$550,000.00 10. Amount of Capital Contributions in FLORIDA to date. 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 filled to change a general partner. 12. DOCUMENT / NAME STREET ADDRESS CITY-ST-2P DOCUMENT / NAME STREET ADDRESS CITY-ST-2P	HOLLYWOOD FL 33021					City			
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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

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STREET ADDRESS

CITY-ST-ZIP

954-491-0170