

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 APR -3 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0009743 AT

DOCUMENT # A97000001364 1. Entity Name STRACHAN INVESTMENT LIMITED PARTNERSHIP	
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Principal Place of Business MESOAMERICA INVESTMENTS PLAZA ROBLE, EDIFICIO ELFORTICO GUACHIPEN. ESCAZU COSTARICA	Mailing Address HARRY W. STRACHAN/BAIN & COMPANY.SJO-792 PO BOX 025216 MIAMI FL 33102-5216
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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 65-0842163	Applied For <input type="checkbox"/> Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301

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

9. Capital Contributions as Shown on record. \$5,902,460.00
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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 #	F00000006020
NAME	STRACHAN & ASSOCIATES INTERNATIONAL INC.
STREET ADDRESS	SJO 792/PO BOX 025216
CITY-ST-ZIP	MIAMI FL 33102-5216
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	700015282597
CITY-ST-ZIP	04/03/03--01029--021 **535.00
STREET ADDRESS	
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 REQUIRED** March 20, 2003 011506 201 8100

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

CR2E003 (10/02)