2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9700002202

1. Entity Name BERN-CHUCK, W-2, LTD.

Principal Place of Business C/O THE LIDO SPA

40 ISLAND AVENUE

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SIGNATURE:

MIAMI BEACH FL 33139



Mailing Address C/O THE LIDO SPA 40 ISLAND AVENUE MIAMI BEACH FL 33139 FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

Him

2. Principal Place of Business 2. D. L. D. L. D.		1, 400 1	426	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	24	DUE BY MAY 1, 2003	
City & State	City & State		4. FEI Number 65-0767241 Applied For Not Applicable	
Zig 33139 Country SA	zi33139	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
EDELSTEIN, AARON J C/O THE LIDO SPA		Name Street Address	s (P.O. Box Number is Not Acceptable)	
40 ISLAND AVENUE		(Ya.		
MIAMI BEACH FL 33139		BOI & DILIDO NOS		
		citMian	ni Buh FL FL 25339	
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. Vam familiar with, and accept the obligations of registered agent.				
SIGNATURE Signature, typed or pright name of registered agent and title if applicable. A.T. EDELSTEIN 4/10/03 DATE				
9. Capital Contributions as Shown on record. \$1,470,000.00	10. Amount of Capital in FLORIDA to da		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	RINFORMATION	13.	ADDRESS CHANGES ONLY	
P9700056043 NAME EDELSTEIN ENTERPRISES, INC. STREET ADDRESS 40 ISLAND AVENUE		STREET ADDRESS		
CITY-ST-ZIP MIAMI BEACH FL 33139	_ 	CITY-ST-ZIP	100017108611 04/25/0301078004 **526:25	
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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