2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002288

1. Entity Name
TOUT PRET, LTD.

FILED
03 APR 24 AM 11:31
SECRETARY OF STATE

Principal Place of Business	Mailing Address
% JOHN F. MURRAY 650 JAEGER DRIVE DELRAY BEACH, FL 33444	% JOHN F. MURRAY 650 JAEGER DRIVE DELRAY BEACH, FL 33444

2. Principal Place of Business	3. Mailing Address
John Murray	John Murray
Suite, Apt. #, etc. 344 Sequoia Lane	Suite, Apt. #, etc. 344 Sequoia Lane
City & State Boca Raton FL	City & State Boca Raton FL
Zip 33487 Country	Zip 33487 Country

DUE BY MAY 1, 2003

4. FEI Number
65-0791640
☐ Applied For
☐ Not Applicable

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
MURRAY, JOHN F 650 JAEGER DR. DELRAY BEACH, FL 33444	Name John F Murray Street Address (P.O. Box Number is Not Acceptable) 344 Sequoia Lane City Boca Raton FL Zip Code 33487

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 John F Murray — 4/15/03
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$388,850.00	388,850.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000086713	STREET ADDRESS	344 Sequoia Lane
NAME	TOUT PRET, INC.	CITY-ST-ZIP	Boca Raton, FL. 33487
STREET ADDRESS	650 JAEGER DR.		
CITY-ST-ZIP	DELRAY BEACH, FL 33444		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	800016814538
STREET ADDRESS			04/24/03--01002--005 **535.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	~~DOC 450453-100068796~~
STREET ADDRESS			~~DEPOSIT ONLY 167.50~~
CITY-ST-ZIP			~~04/24/03--01002--004~~
DOCUMENT #		STREET ADDRESS	~~DOC 450453-100068796~~
NAME		CITY-ST-ZIP	~~DEPOSIT ONLY 167.50~~
STREET ADDRESS			~~04/24/03--01002--004~~
CITY-ST-ZIP			~~DOC 450453-100068796~~
DOCUMENT #		STREET ADDRESS	~~DEPOSIT ONLY 167.50~~
NAME		CITY-ST-ZIP	~~04/24/03--01002--004~~
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003 (10/02)

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: John F Murray — 4/15/03 — 561 703 9925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #