2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800000189 1. Entity Name PORT 95 LIMITED PARTNERSHIP, LTD.				SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business 3275 S.W. 42ND STREET FT. LAUDERDALE FL 33312 Mailing Address 3275 S.W. 42ND STREET FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312					02 MAY -2 PM 12: 5)	il i
2. Principal Place of Business 3. Mailing Address				-		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2002	
City & State		City & State			4. FEI Number 65-0809313 Applied Fo Not Applied	$\overline{}$
Zip Country		Zip	Zip 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		
VINET, JOCELYN				Name		
3275 S.W. 42ND STREET				Street Address (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33312						
:			İ	City FL Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its re	egistered	office or register	ed agent, or both, in the State of Florida.	
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable.			DATE	
9. Capital Contributions \$1,000.00 10. Amount of Capital Contribu				itions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
as Shown on record. in FLORIDA to date.					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	\dashv
DOCUMENT # NAME	P9700068810 PORT 95 INVESTMENT, INC. 3275 S.W. 42ND STREET HOLLYWOOD FL 33312		STREET	ADDRESS		İ
STREET ADDRESS CITY-ST-ZIP			CITY+S	T-ZIP		
DOCUMENT # NAME			Street	ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-S	T-ZIP	6000055583169	
DOCUMENT # NAME			STREET	ADDRESS	6000055583165 -05/17/02=01071=-013 ****141.25 *****141.25	-
STREET ADDRESS CITY-ST-ZIP			CITY-S	T-ZIP		
DOCUMENT # NAME			STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-S	T-ZIP		
DOCUMENT # NAME			STREET	ADDRESS		
STREET ADDRESS CITY-ST-TIP	1:			T-ZIP		
DOCUMENT #			STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-S	T-ZIP		
14. I hereby of indicated	ertify that the information supplied with on this report is true and accurate and t	this filing does not qualify for that my signature shall have th	the exemple same lo	ption stated in Sec egal effect as if m	ction 119.07(3)(i), Florida Statutes. I further certify that the informatio nade under oath; that I am a General Partner of the limited partnershi	n ip or