

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015647 AT

DOCUMENT # A98000000428



FILED
03 MAY -5 PM 7:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM



1. Entity Name MIL-SPEC COMMUNICATIONS, LTD.	
Principal Place of Business 7245 MANASOTA KEY ROAD ENGLEWOOD FL 34223-9306	Mailing Address 7245 MANASOTA KEY ROAD ENGLEWOOD FL 34223-9306

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003	
4. FEI Number 65-0873150	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ZECCHINO, MARLEEN L 7245 MANASOTA KEY ROAD ENGLEWOOD FL 34223		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. \$150,000.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	100012005711 05/05/03--01053--010 **526.25
	STREET ADDRESS		
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	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* **4-29-03** **941 474 6818**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)