Not Applicable

\$8.75 Additional

Zip Code

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

DOCUMENT #	A98000001515

THÉ JORGE FAMILY LIMITED PARTNERSHIP



Principal Place of Business 2871 N.E. 9TH STREET		
POMPANO BEACH FL 33062		

2. Principal Place of Business

Mailing Address 2871 N.E. 9TH STREET POMPANO BEACH FL 33062

3. Mailing Address

O3 JAN 30 A	M 9:42
DUE BY MAY 1, 200	03
4. FEI Number 65-0845655	Applied For

FILED

Suite, Apt. #, etc.		Suite, Apt. #, etc. City & State	
City & State			
Zip	Country	Zip	Country
- (5. Name and Address of Cur	rent Registered Agent	
JORGE, ROLA 2871 N.E. 9Th	I STREET		
POMPANO BE	EACH FL 33062		

	-7: Name and Address of New Registered Agent	
Vame		· · · · · · · · · · · · · · · · · · ·
Street Address	(P.O. Box Number is Not Acceptable)	
<u>. </u>		·

5. Certificate of Status Desired

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.

City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions

as Shown on record.

\$5,000,000.00

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 #	JORGE, ROLANDO	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	2871 N.E. 9TH STREET POMPANO BEACH FL 33062	CITY-ST-ZIP	
DOCUMENT # NAME	JORGE, DOROTHY V	STREET ADDRESS	800011202058 01/30/0301025009 **526,25
STREET ADDRESS CITY-ST-ZIP	2871 N.E. 9TH STREET POMPANO BEACH FL 33062	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	·
DOCUMENT # NAME	·	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	-	CITY-ST-ZIP	
DOCUMENT # NAME	•	STREET ADDRESS	·
STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	M THOMAS
STREET ADDRESS CITY-ST-ZIP	<u> </u>	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