

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000312Z AN

DOCUMENT # A98000002522



1. Entity Name
SHAH HOLDINGS, LTD.

FILED

03 MAR 17 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1501 PRESIDENTIAL WAY, SUITE 12 WEST PALM BEACH FL 33401	Mailing Address 1501 PRESIDENTIAL WAY, SUITE 12 WEST PALM BEACH FL 33401
--	--

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

DUE BY MAY 1, 2003

City & State	City & State
--------------	--------------

4. FEI Number **65-0883014**

Applied For
Not Applicable

Zip	Country	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

SHAH, SURESH O
~~1501 PRESIDENTIAL WAY, SUITE 12~~
WEST PALM BEACH FL 33401

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. **\$1,000,000.00**

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 #	NAME	SHAH, SURESH O
STREET ADDRESS		1501 PRESIDENTIAL WAY, SUITE 12
CITY-ST-ZIP		WEST PALM BEACH FL 33401

STREET ADDRESS	600013041326
CITY-ST-ZIP	02/24/03--01084--002 **\$37.50

STREET ADDRESS	600013041326
CITY-ST-ZIP	02/24/03--01084--003 **\$8.75

STREET ADDRESS	600013041326
CITY-ST-ZIP	03/17/03--01019--003 **\$8.75

STREET ADDRESS	600013041326
CITY-ST-ZIP	03/17/03--01019--003 **\$8.75

STREET ADDRESS	600013041326
CITY-ST-ZIP	03/17/03--01019--003 **\$8.75

STREET ADDRESS	600013041326
CITY-ST-ZIP	03/17/03--01019--003 **\$8.75

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, **M. THOMAS**, hereby 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: **X** *Shah Suresh O* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # **561-471-9484**

CR2E003 (10/02)

SAMPLE CHECK HERE