



# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

|                                                                                |                                                                                   |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # A99000000626</b><br>1. Entity Name<br>1471 OFFICE BUILDING, LTD. |  |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

FILED

2003 MAR -6 AM 11: 35

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



|                                                                                                              |                                                                                                  |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Principal Place of Business<br>C/O SIDNEY GIMBEL<br>10155 COLLINS AVENUE, SUITE 1907<br>BAL HARBOUR FL 33154 | Mailing Address<br>C/O SIDNEY GIMBEL<br>10155 COLLINS AVENUE, SUITE 1907<br>BAL HARBOUR FL 33154 |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

|                                |                     |             |
|--------------------------------|---------------------|-------------|
| 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 <b>65-0911672</b>                                                                 | Applied For    |
|                                                                                                 | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                |

|                                                                                                                                        |                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br><br>LEVINE, ALAN W ESQ.<br>1110 BRICKELL AVENUE, 7TH FLOOR<br>MIAMI FL 33131 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |
|                                                                                                                                        | State: <b>FL</b> 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. <b>\$400,000.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. <b>400,000.00</b> | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br>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 # <b>P97000008152</b><br>NAME <b>A.G. ELITE CORP.</b><br>STREET ADDRESS <b>10155 COLLINS AVENUE, PH 7</b><br>CITY-ST-ZIP <b>BAL HARBOUR FL 33154</b> | STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                           | STREET ADDRESS<br>CITY-ST-ZIP<br><div style="text-align: center; font-size: 1.2em;">800013628988</div> <div style="text-align: center; font-size: 0.8em;">03/06/03--01052--008 ***526.25</div> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                           | STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                           | STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                           | STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                           | STREET ADDRESS<br>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: A.G. Elite Corp **3/3/03** 305-866-9542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)