2003 LIMITED PARTNERSHIP NIFORM\_BUSINESS REPORT (UBR)

1. Entity Nan	JMENT MENTURE, LT		0001907	Jed. Jest <sup>2</sup>			03 FEB 14	LED  AM 10: 47  Y OF STATE		
Principal Place of Business 75 NE 6TH AVENUE 75 NE 6TH AVENUE SUITE 214 DELRAY BEACH FL 33483 Mailing Address 75 NE 6TH AVENUE SUITE 214 DELRAY BEACH FL 33483						   	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business     Address					·					
Suite, Apt. #, etc. Suite, Apt. #, etc.							DUE BY MAY 1, 2003			
City & State City & State					·	4. FEI Numbe	4. FEI Number 65-0958954 Applied For Not Applicable			
Zip Country			Zip	Coun	ntry -	5. Certificate	of Status Desired	\$8.75 A	dditional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
ZENGAGE, JIM 75 NE 6TH AVENUE SUITE 214 DELRAY BEACH FL 33483					Street Address (P.O. Box Number is Not Acceptable)					
SIGNATURE -	Signature, typed or	submits this statement for red agent. printed name of registered agent a			ed office or regis	tered agent, or both	ı, in the State of Flori			
9. Capital Contributions as Shown on record. \$500,000.00 10. Amount of Capital of in FLORIDA to date  A GENERAL PARTNER THAT IS A BUSINESS ENTITY					UST BE REGI	STERED AND A	SEE REVERSE SIDE FOR FEE INFORMATION			
12.	NOTE:	General Partners MA GENERAL PARTNER	Y NOT be changed on the	he form	; an amendme	ent must be filed	to change a gen	eral partner.		
DOCUMENT # NAME	75 NE 6TH .		POZDODIBZ984 TENTH CONCEPTS	STREE	EET ADDRESS -ST-ZIP		ADDRESS CHAN	IGES ONLY		
DOCUMENT # NAME	<del></del>	^	INC	STREE	ET ADDRESS		···		-,	
STREET ADDRESS CITY-ST-ZIP	filed amendment				-ST-ZIP	800011201898				
DOCUMENT # NAME STREET ADDRESS	12/20/2002				ET ADDRESS	arrantos ara <del>co, antono serton'itil</del>			<del>  </del>	
CITY=ST=ZIP					ST-ZIP	ZIP				
NAME STREET ADDRESS CITY-ST-ZIP	(attached)				ST-ZIP					
OCCUMENT #			<i>)</i>	╁	T ADDRESS	<del></del>	<u> </u>		`.	
STREET ADDRESS CITY-ST-ZIP				CITY-S	ST-ZIP					
OCUMENT # IAME				STREE	T ADDRESS					
STREET ADDRESS ATY-ST-ZIP					ST-ZIP  mption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information					
4. I hereby ce indicated o the received	er or trustee em	formation supplied with the and accurate and the powered to execute this	this filing does not qualify for that my signature shall have the report as required by Chapte	the exemne same less 620, Flo	orida Statutes	made under oath; tr	nat I am a General Pa 2, Presiden	artner of the limited p	nformation Partnership or 501 83100	

SIGNATURE: