## 2003 LIMITED PARTNERSHIP UNIFORM DUGINESS REPORT (UBR)

B0200000165 **DOCUMENT #** 1. Entity Name ABSOLUTE VALUE FUND, LLLP LTD

SECRETARY OF STATE DIVISION OF CORPORATIONS

03 JUL -2 PM 1: 30

Principal Place of Business
209 NORTH FORT LAUDERDALE BEACH BLVD. PENTHOUSE F

Mailing Address 309 NORTH FORT LAUDERDALE BEACH BLVD. PENTHOUSE F

FORT LAUDERDALE FL 33304-4339	FORT LAUDERDALE FL 3330	14339	
2. Principal Place of Business	3 Mailing Address		T THRITTI IBIL ANITH EIRIT MEILT MAST ANIT NATL NATH MAINT THE MINT HET ANIT
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Suite, Apt.	#, etc.	Suito Ant #, etc.		-	DUE BY MAY 1, 2003			
City & State			· ;	4. FEI Number	Applied For Not Applicable			
Zio	ار	Country	Zin	Country -	7		8.75 Additional ee Required	
	6. Name	and Address of Current	Registered Agent	<u> </u>		7. Name and Address of New Registered A	gent	
			Name					
DEBEVEC, JAMES II 209_NORTH FORT LAUDERDALE BEACH BLVD.					Chroat Address (PM Rox Number is Not Acceptable)			
				J-Stroot A				
PENTHOUSE F								
N		FI 33304-4330						
FORT LAUDERDALE FL 33304-4339				Ci <sup>th</sup> r	Chr FL 7in Carlas 1			
			or the purpose of changing its	registered office or	register	ed agent, or both, in the State of Florida. I am fa	amiliar with, and acdept	
the obligat	tions of regist	ered agent.	If			LICIA	12.67	
SIGNATURE JOHNS Robert 4(19/2003								
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable.			DATE		
9. Capital Co as Shown		\$0.00	10. Amount of Capita in FLORIDA to d		Ø	11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOR		
						TERED AND ACTIVE WITH THIS OFFICE at must be filed to change a general part	tner.	
12.		GENERAL PARTNER	RINFORMATION	13.	DE	BEVEC TAPES DEHANGES ONL	Y	
DOCUMENT #		<b>.</b>	_ MISSPEL	STREET ADDRESS	209	NORTH FORT LAUDERDALE F	_ '	
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CITY-ST-ZIP	FORT LAUDERDALE FL 33304-4339				FORT LAUDERDALE, TIL 33304			
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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:** 

SIAPLE CHEUN HEHE