2003 LIMITED PARTNERSHIP "UNIFORM BUSINESS REPORT (UBR)

B93000000257 **DOCUMENT #**

1. Entity Name FLÉISHER ASSOCIATES, LTD.



Principal Place of Business 15 CYNWYD ROAD BALA-CYNWYD PA 19004

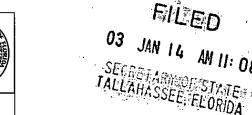
Suite, Apt, #, etc.

2. Principal Place of Business

Mailing Address 15 CYNWYD ROAD BALA-CYNWYD PA 19004

3. Mailing Address

Suite, Apt. #, etc.





							DUE BY WAY 1, 2003			
City & State			City & State			4. FEI Number	23-2446431			plied For t Applicable
Zip	Country Zip C		Count	try .	5. Certificate o	tificate of Status Desired		\$8.75-Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
					Name					
MARLOWE, RONALD J ESQ.					Characteristics (BO Day Number in Not Appendable)					
15TH FLOOR, COURTHOUSE CENTER					Street Address (P.O. Box Number is Not Acceptable)					
175 NW FIRST AVENUE										
MIAMI FL 33128-1835									Zia Cad	
			•		City			FL	Zip Code	3
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		
9. Capital Contributions as Shown on record. \$400,000.00 In FLORIDA to date.				ite.	400,00		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				13.			ADDRESS CHAN	NGES ONLY		
DOCUMENT #				STRE	ET ADDRESS					20/0
NAME	FLEISHER, ALLAN H 15 CYNWYD ROAD	•								——\ <u> </u>
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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: 9

1/9/03 610-660-2666

Date Dayline Phone #