2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

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DOCUMENT #	A0000001351	



FILED 1. Entity Name DANIELS FAMILY HOLDINGS, LTD. 03 FEB 14 AH 9: 44 Principal Place of Business Mailing Address 6041 S.W. 17TH STREET 6041 S.W. 17TH STREET PLANTATION FL 33317-5207 PLANTATION FL 33317-5207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** 4. FEI Number 65-1036544 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Zip -Country Country 1 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAHN, JEFFREY B Street Address (P.O. Box Number is Not Acceptable) 6598 N.W. 97 DRIVE PARKLAND FL 33076 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 Signature, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$100.00 in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. DOCUMENT # STREET ADDRESS NAME DANIELS, STEWART A TRUSTEE STREET ADDRESS 6041 S.W. 17TH STREET

500012562826 02/14/03--01026--013 **! CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317-5207 DOCUMENT # STREET ADDRESS SKOIEN, WANDA D TRUSTEE NAME STREET ADDRESS 6041 S.W. 17TH STREET CITY-ST-ZIP **PLANTATION FL.33317-5207** CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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: