2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B9700000117 1. Entity Name BROWARD INTERNATIONAL COMMERCE PARK, LIMITED PAR TNERSHIP					FILED STATE SION OF CORPORATIONS	My 12
Principal Place of Business C/O DANTO INVESTMENT COMPANY 1700 STUTZ DRIVE. NO. 25 TROY MI 48084		Mailing Address		FEB 12 AM 9: 25		
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address				
		Suite, Apt. #, etc.			DUE BY MAY 1, 2003	
City & State Zip Country		City & State		4. FEI Number 38-3336720	Applied For Not Applicable	
Σίρ	Country	Zip '	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent	
REGISTERED AGENTS OF FLORIDA, LLC 100 SE 2ND ST., STE. 3500				Street Address (I	treet Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33131						
,	·			City		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.						
SIGNATI IRE						
Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions as Shown on record agent and title if applicable. 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE						
as Shown on record. in FLORIDA to date.					SEE REVERSE :	SIDE FOR FEE INFORMATION
A GENERAL PARTNER THAT IS A BUSINESS ENT NOTE: General Partners MAY NOT be changed on the				JST BE REGIST an amendment	ERED AND ACTIVE WITH THIS (must be filed to change a gene	OFFICE.
12.	GENERAL PARTNER INFORMATION F9200000668		13. ADDRESS CHANGES ONLY			
NAME STREET ADDRESS CITY-ST-ZIP	DANTO INVESTMENT COMPANY 1700 STUTZ DRIVE, NO. 25 TROY MI 48084		STREE CITY-		30001238 02/12/03010500	7213
DOCUMENT #	TRU1 MI 48084		STREET ADDRESS		02/12/03010500	09 **526.25
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CITY-ST-ZIP DOCUMENT		·	-		<u> </u>	
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DOCUMENT / NAME STREET ADDRESS			STREET	ADDRESS		
CITY-ST-ZIP			, CITY-S	iT-ZIP	`,	
NAME	•		STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-S	T-ZIP		
DOCUMENT # NAME		1	STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-S			
14. I hereby ce indicated of the receive	ertify that the information supplied with the on this report is true and accurate and the or or trustee empowered to execute this re	is filing does not qualify for t at my signature shall have th epon as required by Chapte	he exemple same le r 620, Flo	otion stated in Secti egal effect as if mad orida Statutes	ion 119.07(3)(i), Florida Statutes. I furt de under oath; that I am a General Par	her certify that the information the limited partnership or

SIGNATURE: SIGNATURE DANTO 2/10/03 248-U

248-619-4770