5000081

2003 LIMITED PARTNERSHIP

DOCUMENT # B9500000418 1. Entity Name MERCATOR ASSET MANAGEMENT, L.P., LTD.					FILED 2003 MAR - 6 AM II: 39			
Principal Place of Business 5200 TOWN CENTER CIR SUITE 550 BOCA RATON FL 33486 Mailing Address 5200 TOWN CENTER CIR BOCA RATON FL 33486 BOCA RATON FL 33486			SUITE 550		บี่ไข่เมือก of corporations TALLAHASSEE, FLORIDA			
Principal Place of Business								
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2003			
City & State City & State					4. FEI Number 65-0617051 Applied For			
Zip	ip Country Zip		Country		5. Certificate of S	Status Desired		Not Applicable 75 Additional
	-6Name and Address of Current R	egistered Agent				dress of New Regis	Fee F	lequired
👡 2400 EAS	On, John G St Commercial Blvd., Suite 810 Uderdale Fl 3308		Street Address (P.O. Box Number is Not Acceptable) 5200 Town Center Circle Suite 550					
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 access the obligations of registered agent. SIGNATURE City Boca Ratm FL Zip Code 33 480 33 480 SIGNATURE Alanda								p Code 3486 r with, and accept
Signature, vipot or printer name of registered agent and title if applicable. 9. Capital Contributions as Stown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO FL. SEE REVERSE SIDE FOR FEE IN								
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.								
DOCUMENT #	GENERAL PARTNER II P95000066205	FORMATION	13.			ADDRESS CHANG		
NAME STREET ADDRESS CITY-ST-ZIP	JZT CORP. 5200 TOWN CENTER CIR., SUITE & BOCA RATON FL 33486	550	1	ST-ZIP				
DOCUMENT #	P95000066081		STREE	ET ADDRESS	03/06/03	01362: -01052-01	<u>15 **25</u> ⊇ERT €	ნ. <i>2</i> 5
NAME STREET ADDRESS CITY-ST-ZIP	PXS CORP. 5200 TOWN CENTER CIR., SUITE 5 BOCA RATON FL 33486	550		ST-ZIP				
DOCUMENT # NAME	P9900020557————————————————————————————————		STREE	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP	5200 TOWN CENTER CIR., SUITE 5 BOCA RATON FL 33486	50	CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
DOCUMENT # NAME	P00000117173 JXC CORP.		STREE	T ADDRESS		, , , , , , , , , , , , , , , , , , ,	"	
STREET ADDRESS CITY-ST-ZIP	5200 TOWN CENTER CIR., SUITE 5 BOCA RATON FL 33486	50	CITY-S	ST-ZIP				
NAME	P01000117302 BXT CORP.		STREET	T ADDRESS			<u> </u>	
STREET ADDRESS CITY-ST-ZIP	5200 TOWN CENTER CIR., SUITE 5 BOCA RATON FL 33486	50	CITY-S	ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
DOCUMENT # NAME			STREET	ADDRESS		•		
STREET ADDRESS CITY-ST-ZIP			CITY-S					
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 PARSIANTURE: SIGNATURE: SIGNATURE: SIGNATURE Deta De								