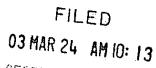
2003 LIM	ITED PARTNERSHIP
UNIFORM BU	SINESS REPORT (UBR)
DOCUMENT # AC 1. Entity Name FLORIDA BOWERY INVESTORS IP	
Principal Place of Business C/O AVRA JAIN	Mailing Address C/O AVRA JAIN 1000 NORTH VENETIAN DRIVE

MIAMI FL 33139





3. Principal Place of Business 3211 Ponce de Leon Blvd. 3211 Ponce de Leon Blvd.							T TOBEROTY LOST BEIND TIPN'S BERTH RESILT OPIN OBJECT OPINS LIBERT BLOCK OCCUR TRAIL				
Suite, Apt. #, etc. Suite 305 Suite, Apt. #, etc. Suite 305					5		DUE BY MAY 1, 2003				
City & State City & State					ablos	, FL	4. FEI Number	10 7 10 100		Applied For Not Applicable	
33145	>	Country US		33145	Cour	itry .	5. Certificate of	f Status Desired	\$8.75 Fee Re	Additional equired	
	6. Name	and Address of	f Current Re	gistered Agent			7. Name and Address of New Registered Agent				
JAIN, AVRA 1000 NORTH VENETIAN DRIVE MIAMI FL 33139					÷ ,	Name Street Address (P.O. Box Number is Not Acceptable)					
						City FL Zip Code					
8. The above the obligat	named entity ions of regist	y submits this st ered agent.	atement for th	ne purpose of changir	ng its register	ed office or registe	ered agent, or both,	in the State of Florida.	I am familiar	with, and accept	
SIGNATURE -											
		or printed name of reg							DATE		
9. Capital Contributions as Shown on record. \$750.00 10. Amount of Capital in FLORIDA to date					to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
	A (GENERAL PA : General Par	RTNER TH. tners MAY	AT IS A BUSINESS NOT be changed o	S ENTITY M on the form	IUST BE REGIS i; an amendme	TERED AND AC nt must be filed	TIVE WITH THIS OF to change a genera	i partner.		
12.		GENERAI	PARTNER II	VFORMATION	13.		ADDRESS CHANGES ONLY				
DOCUMENT / NAME STREET ADDRESS	JAIN, AVR 1000 NOR MIAMI FL	ith venetian	I DRIVE			EET ADDRESS	20	0014449 020105400	16 . 52		
CITY-ST-ZIP DOCUMENT #	WIIAWII FL	33139		u dan.	STR	EET ADDRESS	03/21/	<u>030105400</u>	<u> 9 4414</u>	1.25	
NAME Street address City-St-Zip					CITY	'-ST-ZIP					
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DOCUMENT # NAME					STRI	EET ADDRESS					
STREET ADDRESS :					CITY	'-ST-ZIP					

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

MIAMI FL 33139

Daytime Phone #