2003 LIMITED PARTNERSHIP				
UNIFORM	BUSINESS REPORT (!	UBR		
DOCUMENT # 1. Entity Name POSTER BROTHERS, LP	A0000000028			



Principal Place of Business 2514 N.W. 59 STREET BOCA RATON FL 33496 2. Principal Place of Business		Mailing Address 2514 N.W. 59 STREET BOCA RATON FL 33496 3. Mailing Address		SEURE AM II: 03 TALLAHASSEE TAILE		
City & State		City & State		4. FEI Number 13-4080254		Applied For
-			• • • • • • • • • • • • • • • • • • • •	10 1000201		Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired		.75 Additional Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POSTER, STEVEN

6852 PARISIAN WAY

2514 N.W. 59th Street Boca Raton, FL 33496 Street Address (P.O. Box Number is Not Acceptable)

City	Bo	CA	RA	7	لدو	

8.	The above named entity submits this stateme	nt for the purpose of changing its regis	stered office or registered agent, or t	ooth, 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.

9. Capital Contributions as Shown on record.

\$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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.	ADDRESS CHANGES ONLY	1
DOCUMENT # NAME	Poster, Steven	STREET ADDRESS		(10/02)
STREET ADDRESS CITY-ST-ZIP	bake Worth FL 33467 2514 N.W. 59th Street Boca Raton, FL 33496	CITY-ST-ZIP	200010081412 01/14/03-01068-013 **141.25	CR2E003 (
DOCUMENT # NAME	POSTER, JAY	STREET ADDRESS	Uirim Varruivaarruia maini, ma	CR2
STREET ADDRESS CITY-ST-ZIP	COSSE PARICIAN WAY 2514 N.W. 59th Street Boca Raton, FL 33496	CITY-ST-ZIP		
DOCUMENT # NAME		STREET ADDRESS	h	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	141	1
DOCUMENT # NAME	,	STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	·]
DOCUMENT # NAME		STREET ADDRESS		1
STREET ADDRESS CITY-ST-ZIP	,	CITY-ST-ZIP		1
DOCUMENT # NAME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		C!TY-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 bave 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:

S61.989.3612