2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)							
UNIFORM	BUSINESS REPOR	Γ (UBR)					
DOCUMENT #	A0000000251						
DORDAN PARK DEVELOP 1. Entity Name	MENT PARTNERS, LTD.						
Principal Place of Business	Mailing Address						



319 CLEMATIS STREET. SUITE 901 WEST PALM BEACH FL 33401

319 CLEMATIS STREET, SUITE 901

WEST PALM BEACH FL 33401

FILED

03 FEB 28 AM 11: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business 3. Mailing Address								
= 1 / morpar rado or busi	2. Francipal riace of business 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2003			
City & State City & State				4. FEI Number 06-1571854		Applied For Not Applicable		
Zip	Country	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Nam	! e and Address of Current	Registered Agent		7. Name and Address of New Registered Agent				
SAKALO, JAY 200 SOUTH BISCAYNE BLVD., SUITE 2500			Name					
			Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33131			,	,				
				City FL 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, typer	d or printed name of registered agent a	and title if applicable.				DATE		
 Capital Contributions as Shown on record. 	\$11,962,478.00	10. Amount of Capital Contributions \$11,962,278.00 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						LY		
DOCUMENT / L00000001351		STREE	ET ADDRESS					
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	COPERTURAL OF COORS			-ST-ZIP			}	
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DOCUMENT #		. .	STREE	ET ADDRESS	02/2	00013179 3/030101201	7 **576.25 .	
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STREET ADDRESS			CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP	o information as a blad solution	thin filing does not av-105	tor the a	notice atotad is C	oction 110 07/0\/\	Florida Statutes. I further cer	tifu that the information	

thereby 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 deexecute his report as required by Chapter 620, Florida Statutes

Kristin M. Miller, President of

The Richman Group of Florida, Inc.,

GNATURE:

GNATURE:

SIGNATURE: