UN	IFORM BUSINE	SS REPOR		* .	
1. Entity Nam		000314 SHIP		FILED	
- •				2003 APR 17 PM 3: 18	
Principal Plac 6608 MAYNAD CORAL GABLE	A STREET .	Mailing Address 6608 MAYNADA STREET CORAL GABLES FL 3314	6	อิเพาะโดก of corporations TALLAHASSEE, FLORIDA	
2. Principal P	lace of Business	3. Mailing Address			
<u> </u>			irkdale r	De.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003	
City & Stat	é	City & State Ft. Lander Ja	le ifc	4. FEI Number 65-0982410 Applied For Not Applied	
Zip	Country	33332	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
<u> </u>	6. Name and Address of Current	<u> </u>		7. Name and Address of New Registered Agent	
STERNUE	B, HENRY		Name	Edward Sternlieb	
	'NADA STREET	•	Street Add	dress (P.O. Box Number is Not Acceptable)	
1.5	ABLES FL 33146		, 30	788 BILLOUIE DE	
•			Cipy	Taudeldale FL Zip Code 33332	
		the purpose of changing it		egistered agent, or both, in the State of Florida. I am familiar with, and acce	cept
•	ions of registered agent.	NC/83, 6	Leon	Edil 4/1403	_
Signature, typed or printed name of registered agent and title it applicable. 9. Capital Contributions as Shown on record. \$7,500,000-00 10. Amount of Capital in FLORIDA to date				11. MAKE CHECK PAYABLE TO FL. DEPT. OF STAT SEE REVERSE SIDE FOR FEE INFORMATION	
				EGISTERED AND ACTIVE WITH THIS OFFICE.	
12.	GENERAL PARTNER		13.	dment must be filed to change a general partner. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000106713		STREET ADDRESS		
name Street address	STERNLIEB HOLDINGS, INC. 6608 MAYNADA STREET		OINCE! ADDIESS	3088 Birkdale DE	
CHTY-ST-ZIP	CORAL GABLES FL 33146		CITY-ST-ZIP	Ft. Lauderdale, Fl 33332	
DOCUMENT #			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS	500016217675	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	500016217675 0471770301071014 **526,25	
DOCUMENT #			STREET ADDRESS		
name Street address			CITY-ST-ZIP		
CITY-ST-ZIP DOCUMENT #				<u> </u>	
NAME STREET ADDRESS			STREET ADDRESS	<u> </u>	
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT # VAME	•		STREET ADDRESS		

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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP