


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010420 AT

**DOCUMENT # A0000000351**

1. Entity Name  
**WARSA FAMILY LIMITED PARTNERSHIP NO. 2**



**FILED**  
03 FEB 24 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2775 SUNNY ISLES BLVD., SUITE 118  
NORTH MIAMI BEACH FL 33160**

Mailing Address  
**2775 SUNNY ISLES BLVD., SUITE 118  
NORTH MIAMI BEACH FL 33160**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**DUE BY MAY 1, 2003**

4. FEI Number <b>65-0985097</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**NELSON, BARRY A  
C/O NELSON & LEVINE, P.A.  
2775 SUNNY ISLES BLVD., SUITE 118  
NORTH MIAMI BEACH FL 33160**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$10,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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**

DOCUMENT #	<b>P00000014617</b>
NAME	<b>WARSA ENTERPRISES, INC.</b>
STREET ADDRESS	<b>2775 SUNNY ISLES BLVD., SUITE 118</b>
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33160</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
<b>900012957749</b>	
<b>02/21/03--01033--007 **526.25</b>	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-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 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

**SIGNATURE:** *James L. Warga* **SIGNATURE REQUIRED** **JAMES L. WARGA, PRESIDENT OF GENERAL PARTNER** (305) 932-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE