


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000000
AT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 20 PM 1:15

DOCUMENT # A00000000591 1. Entity Name MELJEN INVESTMENTS, LTD.	
---	---

Principal Place of Business 8965 N.E. 10TH AVE. MIAMI FL 33138	Mailing Address 8965 N.E. 10TH AVE. MIAMI FL 33138
--	--



2. Principal Place of Business	3. Mailing Address	DUE BY SEPTEMBER 24, 2003
--------------------------------	--------------------	----------------------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-1014668
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip
	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent M & W AGENTS, INC. 2101 CORPORATE BLVD., SUITE 107 BOCA CORPORATE CENTER BOCA RATON FL 33431	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 *Paul Krug* 8/25/03
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. \$4,000,000.00	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
DOCUMENT # L00000003569 NAME MELJEN HOLDINGS LLC. STREET ADDRESS 8965 N.E. 10TH AVE. CITY-ST-ZIP MIAMI FL 33138	STREET ADDRESS CITY-ST-ZIP 600024024146 10/22/03--01050--017 **476.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP 600024024146 10/22/03--01050--018 **50.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME 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: *Paul Krug* **SIGNATURE REQUIRED** 8/25/03 305 757 6950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (4/03)

10/20/03

DEPOSITS/PAYMENTS DETAIL SCREEN

9:34 AM

DEPOSIT NUMBER : 07/31/03 01053 008
ACCOUNT NUMBER :
USER ID : SCOLLINS
DEBIT MEMO DATE :
TRACKING NUMBER: 700021965447
REQUESTOR :
SUB ACCT NUMBER:

DEPOSIT TYPE : COR
DEPOSIT AMOUNT : 437.50
DEPOSIT BALANCE: 0.00
VOID DATE :
DOCUMENT NUMBER: A33581
LEDGER DATE : 07/31/03

CATEGORY	DESCRIPTION	AMOUNT
LP	LIMITED PARTNERSHIP	437.50

*Please add this \$ to
this ck for 88⁷⁵
Thanks!*

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. PARTNERS, 4. EVENTS

ENTER SELECTION AND CR:
