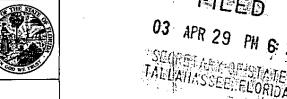
2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

A0000000889 DOCUMENT #

1. Entity Name

THE SPROUL NAVIA FAMILY LIMITED PARTNERSHIP





Principal Place 520 MARMORE CORAL GABLE		Mailing Address 520 MARMORE AVE CORAL GABLES FL 33146			AND SEE FLORIDA
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2003
City & State		City & State		/	4. FEI Number 65-1011108 Applied For Not Applicable
Zip	Country	Zip	Co	untry	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent
VELEZ, MARIA C. ARRIOLA 35 ALMERIA AVE				Name	
				Street A	ddress (P.O. Box Number is Not Acceptable)
CORAL G	ABLES FL 33134				
				City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.					registered agent, or both, in the State of Florida. I am familiar with, and accept
9. Capital Contributions as Shown on record. \$90,000.00		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 PARTNE		1:		ADDRESS CHANGES ONLY
DOCUMENT #	SPROUL. MARIA TERESA		s	TREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	DDRESS 520 MARMORE AVE CORAL GABLES FL 33146		C	ITY-ST-ZIP	600017319826
DOCUMENT # NAME			s	TREET ADDRESS	600017319876 04/29/0301078005 **526.25
STREET ADDRESS CITY-ST-ZIP			CI	ITY-ST-ZIP	
DOCUMENT / NAME		•	S.	TREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CI	ity-st-zip	
DOCUMENT # NAME			s	TREET ADDRESS	M
STREET ADDRESS CITY-ST-ZIP			CI	ITY-ST-ZIP	V)) C
DOCUMENT #			si	TREET 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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

€ FET ADDRESS

Cli ST-ZIP

DOCUMENT #

CITY-ST-ZIP

NAME STREET ACL IESS

SIAPLE

305-667-5879

CR2E003 (10/02)