2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A0000001297 **DOCUMENT #**

\$5,000,000.00

1. Entity Name 2048 LIMITED PARTNERSHIP



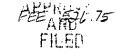
Principal Place of Business
3598 YACHT CLUB DRIVE. #1703
AVENTURA FL 33180

9. Capital Contributions

Mailing Address 3598 YACHT CLUB DRIVE. #1703

AVENTURA FL 33180





03 APR -4 PM 12: 48

SECRETARY OF STATE TAREARASSEE, FEORIDA

WEIRIGHT 12 30130		,,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			DUE BY MAY 1, 2003	
Zip Co	untry	Zip	Country		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 Name Street Address (P.O. Box Number is Not Acceptable) 300115322373 04/04/03-01065-023 **526.25			
KAPLUS, ROSALYN 3598 YACHT CLUB DRIVE, #1703 AVENTURA FL 33180						_
				City	F	Zip Code
8. The above named entity subr the obligations of registered a		nt for the purpose of chan	aging its registered	d office or regis	tered agent, or both, in the State of Florida. I a	rm familiar with, and accept
SIGNATURESignature, typed or prints	d name of registered a	gent and title if applicable.			DAT	E

10. Amount of Capital Contributions \$5,000,000.00

as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

in FLORIDA to date.

NOTE: General Partners MAT NOT be changed on the form, an amendment must be med to change a general partner.						
12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY			
DOCUMENT # NAME	KAPLUS, ROSALYN	STREET ADDRESS				
STREET ADDRESS 3598 YACHT CLUB DRIVI AVENTURA FL 33180	3598 YACHT CLUB DRIVE, #1703 AVENTURA FL 33180	CITY-ST-ZIP				
DOCUMENT # Name		STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP				
DOCUMENT #	•.	STREET ADDRESS	· ••			
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP				
DOCUMENT # NAME		STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP				
DOCUMENT # NAME		STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP ·				
DOCUMENT # NAME		STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		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 eath; 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:

(305) 931–122**0**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE

SEE REVERSE SIDE FOR FEE INFORMATION