


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001542 AT

APPROVED  
AND  
FILED  
FEI # 03652P89734  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A00000001307</b>		
1. Entity Name <b>KROME MINING FAMILY LIMITED PARTNERSHIP</b>		
Principal Place of Business <b>19612 S.W. 69TH PLACE FORT LAUDERDALE FL 33332</b>	Mailing Address <b>19612 S.W. 69TH PLACE FORT LAUDERDALE FL 33332</b>	



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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**DUE BY MAY 1, 2003**

6. Name and Address of Current Registered Agent <b>BERGERON, RONALD M SR 19612 S.W. 69TH PLACE FORT LAUDERDALE FL 33332</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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4. FEI Number <b>05-1089734</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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: \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$500.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P00000076595 KROME MINING, INC. 19612 S.W. 69TH PLACE FORT LAUDERDALE FL 33332</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>300010005353 01/10/03--01018--003 **282.50</b>
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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:** \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E003 (10/02)