Daytime Phone #

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SIGNATURE TEMPETATION
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

1. Entity Nam		A00000	0001432			(0'3	FILE MAY 19	PM 1: 3			
Principal Place of Business 4381 WHITE CEDAR LANE 4381 WHITE CEDAR LANE DELRAY BEACH FL 33445 DELRAY BEACH FL 33445					SEORETARY OF STATE JALLAHASSEE, FLORIDA						
Principal Place of Business 3. Mailing Address				· · · · · · · · · · · · · · · · · · ·							
Suite, Apt. #, etc. Suite, Apt. #, etc.						<u></u>					
						DUE BY MAY 1, 2003					
City & State	e V		City & State			4. FEI Number	3-4127273			Applied For Not Applicable	
Zip	Соц	ntry	Zip	Cour	ntry	5. Certificate of Site	atus Desired		3.75 A e Requí	dditional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
SMITH, ROBERT					Name						
4381 WHITE CEDAR LANE					Street Address (P.O. Box Number is Not Acceptable)						
DELRAY BEACH FL 33445						-					
					City	City FL Zip					
	named entity submittions of registered ag		the purpose of changing its	register	red office or register	red agent, or both, in t	the State of Floric	da. I am fan	niliar with	n, and accept	
SIGNATURE .	Signature, typed or printed	name of registered agent a						DATE			
 Capital Co as Shown 		404,000.00	404°,000	11	MAKE CHECK I SEE REVERSE						
	A GENER	RAL PARTNER TI	HAT IS A BUSINESS EN Y NOT be changed on t	ITITY M	UST BE REGIST	TERED AND ACTIVITY TO THE TEREST TO THE TERE	VE WITH THIS	OFFICE.	er.		
12.		ENERAL PARTNER		13.			ADDRESS CHAN				
DOCUMENT # NAME	 Smith, Robert		STREE								
STREET ADDRESS CITY-ST-ZIP	4381 WHITE CE DELRAY BEACH	DAR LANE			r-ST-ZIP						
DOCUMENT # NAME	SMITH, ROSLYN			STR	EET ADDRESS	05/19/03	01932 010611	016 **	·926.	25	
STREET ADDRESS CITY-ST-ZIP	4381 WHITE CE DELRAY BEACH	DAR LANE	сп		r-ST-ZIP						
Document # Name	SMITH, HOWAR			STRI	EET ADDRESS		سب جد د				
STREET ADDRESS CITY-ST-ZIP	5 DEEPWOOD O OLD WESTBURG	OURT		CITY	r-ST-ZIP						
DOCUMENT # NAME STREET ADDRESS	SMITH, PENNY 2 PARTRIDGE L	ANE			EET ADDRESS						
CITY-ST-ZIP	OLD WESTBURG		<u> </u>	CITY	'-ST-ZIP						
DOCUMENT # NAME STREET ADDRESS			•	STR	EET ADDRESS						
CITY-ST-ZIP		·		CITY	r-ST-ZIP						
DOCUMENT # NAME STREET ADDRESS		•		STR	EET ADDRESS						
CITY-ST-ZIP	· •			CITY	'-ST-ZIP						
14. I hereby of indicated the receiv	certify that the inform on this report is true yer or trustee empow Rober	ation supplied with and accurate and t ered to execute this t Smith	this filing does not qualify fo hat my signature shall have report as required by Chap	r the exe the same ter 620,	emption stated in Se e legal effect as if n Florida Statutes	ection 119.07(3)(i), Flo nade under oath; that	rida Statutes. I fu I am a General P	irther certify Partner of the	that the	information partnership or	