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

A0000001583 **DOCUMENT#**

1. Entity Name TRG NIGHT HAWK, LTD.



FILED 03 HAY -6 PH 1: 36 SECRETARY OF STATE TALLAHASSEE FLORIDA

Principal Place of Business 2828 CORAL WAY. PENTHOUSE SUITE MIAMI FL 33145		2828 CORAL	Mailing Address 2828 CORAL WAY. PENTHOUSE SUITE MIAMI FL 33145			TALLAHASSEETEON		MJH
2 Principal Place	of Business	3. Mailing Ad	Idress					
2. Principal Place of Business		J. Walling Ad	or maining , todiess			,		
Suite, Apt. #, et	C.	Suite, Apt.	#, etc.			DUE BY MA	/ 1, 2003	
City & State		City & State	e			4. FEI Number 65-1049429	,	Applied For
								Not Applicable
Zip	Country	Zip		Country		5. Certificate of Status Desired		75 Additional Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
ROCHA, ROBERTO S 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145					Name Street Address (P.O. Box Number is Not Acceptable)			
		J		Cit	ty		FL	Zip Code
	ed entity submits this statemer of registered agent.	nt for the purpose of	changing its	registered off	fice or register	ed agent, or both, in the State of Florida	. I am famil	iar with, and accept

SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$999.00 as Shown on record. in FLORIDA to date 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 # POOO00098259 TRG NIGHT HAWK, INC.	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145	CITY-ST-ZIP	
DGCUMENT # NAME	STREET ADDRESS	900018030649 (\$/()6/03-01006-010 **150.60
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	US/US/U301005U10 **150.00
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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 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:

Daytime Phone #