

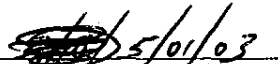


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 15 PM 5:29

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

DOCUMENT # A00000001609			
1. Entity Name CANARY ISLES, LTD.			
Principal Place of Business 415 E. PALMETTO AVENUE MELBOURNE, FL 32935		Mailing Address 415 E. PALMETTO AVENUE MELBOURNE, FL 32935	
2. Principal Place of Business 3410 N. Harbor City Blvd		3. Mailing Address 3410 N. Harbor City Blvd	
City & State Melbourne, FL		City & State Melbourne, FL	
Zip 32935		Zip 32935	
Country USA		Country USA	
4. FEI Number 59-3677847		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LARKIN, DAVID G ESQ. 1900 S. HICKORY STREET, SUITE A MELBOURNE, FL 32901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small>			
9. Capital Contributions as Shown on record. \$10.00		10. Amount of Capital Contributions in FLORIDA to date.	
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	P00000098879 AAVANTI BUILDING & DEVELOPMENT, INC. 3410 N. HARBOR CITY BLVD. MELBOURNE, FL 32935	STREET ADDRESS CITY - ST - ZIP	
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Typed Name	

STAPLE CHECK HERE

05/15/03 (10:02)

41.25