

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001285 AV

DOCUMENT # A00000001779



1. Entity Name
3 BOWER ENTERPRISES, LTD.

FILED
03 FEB 14 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business C/O THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE, SUITE 2400 MIAMI FL 33131	Mailing Address C/O THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE, SUITE 2400 MIAMI FL 33131
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2003

4. FEI Number 65-1060774	Applied For
	Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FEUERMAN, JONATHAN ESQ. C/O THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE, SUITE 2400 MIAMI FL 33131	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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$15,150,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	STREET ADDRESS CITY-ST-ZIP
P00000108180 BOWER GROUP, INC. ONE S.E. 3RD AVE., SUITE 2400 MIAMI FL 33131	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
	500010678625 02/18/03--01001--016 **88.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
	500010678625 01/23/03--01096--001 **437.50
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
	<i>BK</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP

CP2E003 (10/02)

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 William Bower III 1/14/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #