


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002123 AV

<b>DOCUMENT #</b> A00000001831 1. Entity Name TRG RESERVE, LTD.	
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FILED

2003 APR 22 PM 2: 59

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145	Mailing Address 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-1059034</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

**DUE BY MAY 1, 2003**

6. Name and Address of Current Registered Agent  <b>ROCHA, ROBERTO S</b> 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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. <b>\$999.00</b>	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 #	<b>P00000110958</b>	STREET ADDRESS	
NAME	<b>TRG RESERVE INC</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>2828 CORAL WAY PENTHOUSE SUITE</b>	STREET ADDRESS	<b>700016687827</b>
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	CITY-ST-ZIP	<b>04/22/03--01085--008 **150.00</b>
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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:** *Angel Hernandez* **ANGEL HERNANDEZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **VICE-PRESIDENT** 4/22/03

Daytime Phone #

CR2E003 (10/02)

SIMPLE CHECK HERE