Daytime Phone #

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

1. Entity Nam	MENT THREE LIM	# AUUOU ITED PARTNERSHIP	0001947	<i>:.</i> :		FILED 2003 APR 22 PM 2: 39				AV
Principal Place of Business 2828 CORAL WAY, PH MIAMI FL 33145			Mailing Address 2028 CORAL WAY. PH MIAMI FL 33145		DIVILION OF CORPORATIONS FALLAHASSEE, FLORIDA					
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & State			City & State			4. FEI Number 65-1062009	 	Applied For Not Applicable		
Zip	Zip Country		Zip C		try	5. Certificate of Status Desired		B.75 Ad ee Require		
	6. Name	and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent					
HEDMANT	NET ANGEL		•		Name					
HERNANDEZ, ANGEL 2828 CORAL WAY, PH					Street Address	(P.O. Box Number is Not Acceptable)				
MIAMI FL	33145							r -		
					City		FL	Zip Cod	ie .	
	named entity tions of regist		for the purpose of changin	g its registere	ed office or registe	red agent, or both, in the State of Flor	ida. I am fan	niliar with,	and accept	
SIGNATURE -	Signature, typed	or printed name of registered agen	nt and title if applicable.				DATE			
9. Capital Contributions as Shown on record. \$22,000,000.00 in FLORIDA to date					outions	11. MAKE CHECK SEE REVERSI				
						TERED AND ACTIVE WITH THIS not must be filed to change a ge		er.		
12.	GENERAL PARTNER INFORMATION					ADDRESS CHA	NGES ONLY			_
DOCUMENT # NAME STREET ADDRESS	2828 COR	ich Three, inc. Al Way, Ph		STRE			<u>.</u>	·	<u>.</u>	CR2E003 (10/02)
CITY-ST-ZIP DOCUMENT #	MIAMI FL	33145			-ST-Z P			_		RZEO
NAME STREET ADDRESS		•		STRE	ET ADDRESS					O
CITY-ST-ZIP	<u> </u>			CITY	-ST-ZIP					
NAME				STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP		- -		CITY	-ST-ZiP	111	a formation			-
DOCUMENT # NAME				STRE	ET ADDRESS	04/22/03-	116E	909	591	
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	<u>, , , , , , , , , , , , , , , , , , , </u>		01P	**535.17	I)
DOCUMENT # NAME				STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP					ST-ZIP					
DOCUMENT #		· · · · · · · · · · · · · · · · · · ·		STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP					
14. I hereby d	certify that the	information supplied wit	th this filing does not qualif	y for the exer	mption stated in Se	ection 119.07(3)(i), Florida Statutes. I t	further certify	that the in	nformation	
indicated	on this repor	t is true and accurate and	d that my signature shall ha his report as required by C	ave the same	legal effect as if r	nade under oath; that I am a General	Partner of the	e limited p	artnership or	