2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001958

1. Entity Name
MARANGES PARTNERS, LTD.

FILED

03 APR -4 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2025 N.W. 102ND AVE. SUITE 111-112 MIAMI, FL 33172	1150 N.W. 72ND AVE., #555 MIAMI, FL 33126

2. Principal Place of Business	3. Mailing Address
10881 NW 29 STREET	10881 NW 29 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33772 Country: USA	Zip: 33172 Country: USA

DUE BY MAY 1, 2003

4. FEI Number: 65-1065269 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAMONT & NEIMAN, P.A. 2 SOUTH BISCAYNE BLVD. SUITE 3550 MIAMI, FL 33131	Name: ELLIOTT HARRIS Street Address (P.O. Box Number is Not Acceptable) 111 SW 3 ST McCORMICK BUILDING City: MIAMI FL Zip Code: 33130

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: Ramon Maranges 3/25/03
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$2,268,792.00	1,193,333.00	

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 #	P00000115029	STREET ADDRESS	10881 NW 29 ST
NAME	MARANGES MANAGEMENT, INC.	CITY-ST-ZIP	MIAMI, FLORIDA 33172
STREET ADDRESS	2025 N.W. 102ND AVE.		
CITY-ST-ZIP	MIAMI, FL 33172		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	400015294664
NAME		CITY-ST-ZIP	04-04-03 01002-004 **525.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (10/02)

STAPLE CHECK HERE

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: Ramon Maranges 3/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #