


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A00000002031		
1. Entity Name STONE LIFE SCIENCE HOLDINGS, LTD.		

Principal Place of Business 635 S. ORANGE AVENUE, STE. 10 SARASOTA FL 34326	Mailing Address 635 S. ORANGE AVENUE, STE. 10 SARASOTA FL 34326
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FILED

03 MAY 21 AM 18:00

SECRETARY OF STATE



2. Principal Place of Business 3600 Torrey Pines Blvd Suite, Apt. #, etc.	3. Mailing Address 3600 Torrey Pines Blvd Suite, Apt. #, etc.
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DUE BY MAY 1, 2003

City & State Sarasota, FL	City & State Sarasota, FL
Zip 34236	Zip 34236
Country USA	Country USA

4. FEI Number 65-1063948	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DANIEL A. ZABLUDOWSKI, P.A. C/O LITOW, CUTLER & ZABLUDOWSKI, LLC 320 EAST LAS OLAS BLVD., SUITE 1250 FT. LAUDERDALE FL 33301
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$7,500.00	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 # P00000110545	NAME STONE MANAGEMENT, INC.	STREET ADDRESS 3600 Torrey Pines Blvd	
STREET ADDRESS 635 S. ORANGE AVENUE, STE. 10		CITY-ST-ZIP Sarasota, FL 34236	
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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 REQUIRED	Date 5/13/03	Daytime Phone # 941 929 1052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

CR2E003 (10/02)

STAPLE CHECK HERE