

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

00000000 AT

DOCUMENT # A01000000038
 1. Entity Name
3005 ACQUALINA PARTNERS, LTD.



FILED

03 APR 10 PM 1:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 1250 EAST HALLANDALE BEACH BLVD. STE 902
 HALLANDALE BEACH FL 33009

Mailing Address
 1250 EAST HALLANDALE BEACH BLVD. STE 902
 HALLANDALE BEACH FL 33009

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. # 1008		Suite, Apt. #, etc. # 1008	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 65-1083427	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MARBIN, EVAN
48 EAST FLAGLER STREET, PENTHOUSE 104
MIAMI FL 33131

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. **\$200,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **#200,000**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION

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	
DOCUMENT #	L00000007296
NAME	EXPONENTIAL GROWTH PARTNERS, L.L.C.
STREET ADDRESS	48 EAST FLAGLER ST., PH-104
CITY-ST-ZIP	MIAMI FL 33131
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400015649274
CITY-ST-ZIP	04/10/03--01073--001 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	M THOMAS
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: *Denise* **REQUIRED** 4-9-03 954-455-3005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

SAMPLE CHECK HERE

CR2E003 (10/02)