UNIFORM BUSINESS REPORT (UBR)								
DOCUMENT # A01000 1. Entity Name JFW & CRB, LTD.			0000365			SECRETARY DIVISION OF COL	OF STATE RPORATIONS	
Principal Place of Business 109 SOUTH GORDON ROAD FT. LAUDERDALE FL 33301  Mailing Address 109 SOUTH GORDON ROAD FT. LAUDERDALE FL 33301  FT. LAUDERDALE FL 33301					CO SE TRA	O3 JUN 25 #		
Principal Place of Business     3. Mailing Address				ss	· . <del></del>			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003		
City & Stat	te		City & State			4. FEI Number 65-1086929	Applied For Not Applicable	
Zip	Country Zip			C	ountry	-5Certificate of Status Desired		
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent			
HGW MANAGEMENT, LLC					Name Street Address (P.O. Box Number is Not Acceptable)			
109 SOUTH GORDON ROAD					100019579341			
FT. LAUDERDALE FL 33301					05/20/0301054004 **437.50			
					City ·	FL Zip Code		
	named entiti tions of regist		or the purpose of char	nging its regis	stered office or regist	tered agent, or both, in the State of Florida. I an	n familiar with, and accept	
SIGNATURE - Signature, typed or printed name of registered agent and title if applicable.  DATE								
9. Capital Contributions as Shown on record. \$289,000.00 In FLORIDA to date					ntributions		E TO FL. DEPT. OF STATE OR 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 13. ADDRESS CHANGES ONLY								
DOCUMENT #	L0100000	***************************************				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
NAME	HGW MAN	NAGEMENT, LLC			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	109 SOUTH GORDON ROAD FT. LAUDERDALE FL 33301				CITY-ST-ZIP	100019579341 06/27/0301039033 **88.75		
DOCUMENT # NAME					STREET ADDRESS			
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DOCUMENT # NAME					STREET ADDRESS		ļ	

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

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP