FILED

03 MAY -9 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000475

1. Entity Name
GULDNER LIMITED PARTNERSHIP

000018681810
05/09/03--01089--037 **526.25

Principal Place of Business	Mailing Address
6230 OLDE MOAT WAY DAVIE, FL 33331-3425	6230 OLDE MOAT WAY DAVIE, FL 33331-3425

2. Principal Place of Business	3. Mailing Address
222 Lakeview Ave.	222 Lakeview Ave.
Suite Apt. #, etc.: Suite 1000	Suite, Apt. #, etc.: Suite 1000
City & State: West Palm Beach, Fl	City & State: WestPalm Beach, FL
Zip: 33401 Country:	Zip: 33401 Country:

DUE BY MAY 1, 2003

4. FEI Number 65-1091896 ☐ 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
MATWICZYK, PETER 625 NORTH FLAGLER DRIVE, SUITE 700 WEST PALM BEACH, FL 33401	Name: David E. Dreyer Street Address (P.O. Box Number is Not Acceptable): 222 Lakeview Ave., Suite 1000 City: West Palm Beach, FL Zip Code: 33401

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: [signature] 4/30/03
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $8,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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

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 #	P01000039792		
NAME	MONTREUX, INC.	STREET ADDRESS	222 Lakeview Avenue, Suite 1000
STREET ADDRESS	~~6230 OLDE MOAT WAY~~		
CITY-ST-ZIP	~~DAVIE, FL 333313425~~	CITY-ST-ZIP	West Palm Beach, FL 33401
DOCUMENT #			
NAME		STREET ADDRESS	
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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: [signature] 4/30/03 (561) 833-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

as President of
Montreux, Inc.