FILED

03 MAY -2 PM 7:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000516

1. Entity Name
SOBO INVESTMENTS, LTD.

MJH

Principal Place of Business	Mailing Address
2101 CORPORATE BLVD. BOCA CORPORATE CENTER, SUITE 107 BOCA RATON, FL 33431	2101 CORPORATE BLVD. BOCA CORPORATE CENTER, SUITE 107 BOCA RATON, FL 33431

2. Principal Place of Business	3. Mailing Address
3018 RexFord A	3018 RexFord A
Suite, Apt. #, etc.: Century Village	Suite, Apt. #, etc.: Century Village
City & State: BOCA RATON FL	City & State: BOCA RATON FL
Zip: 33434 Country: USA	Zip: 33434 Country: USA

DUE BY MAY 1, 2003

4. FEI Number: 65-1095501 ☐ 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
M & W AGENTS, INC. 2101 CORPORATE BLVD. BOCA CORPORATE CENTER, SUITE 107 BOCA RATON, FL 33431	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, type(s) or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. $2,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1042,954

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 #	P01000036214	STREET ADDRESS	
NAME	SOBO HOLDINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	6100 GLADES ROAD		
CITY-ST-ZIP	BOCA RATON, FL 33434		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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: Helen Sobo Helen Sobo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #