2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000527

1. Entity Name
OPC CAPITALIZED GROUP LIMITED PARTNERSHIP

FILED

03 APR 24 AM 8:50

SE~~~~~~~ STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 16144 S.W. 8TH STREET PEMBROKE PINES FL 33027	Mailing Address 16144 S.W. 8TH STREET PEMBROKE PINES FL 33027

2. Principal Place of Business 16144 SW 8 ST.	**3.** Mailing Address 16144 SW 8 ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**DUE BY MAY 1, 2003**

City & State Pembroke Pines, FL	City & State Pembroke Pines, FL	**4.** FEI Number 65-1088527	Applied For Not Applicable
Zip 33027	Country USA	Zip 33027	Country 33027	**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
PAGANELLO, MICHAEL 16144 S.W. 8TH STREET PEMBROKE PINES FL 33027	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 _____
Signature, typed or printed name of registered agent and title if applicable.   DATE

9. Capital Contributions as Shown on record. **$2,152,811.96**	**10.** Amount of Capital Contributions in FLORIDA to date. $2,152,811.96	**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 # NAME STREET ADDRESS CITY-ST-ZIP	P01000029137 OPC CAPITALIZED GROUP, INC. 16144 S.W. 8TH STREET PEMBROKE PINES FL 33027	STREET ADDRESS CITY-ST-ZIP	
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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: _____ REQU Michael Paganello   4/14/03   954 433 2501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #