Daytime Phone #

2003 LAMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

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Surie. Apt. #, etc. DUE BY MAY 1, 2003 A. FEI Number (55-1098331 Applicable New Applicable Suries) A. FEI Number (55-1098331 Applicable Suries) Reserved Address of Country				THOUSE SU	ITE	U3 HPK AT HIT O' O'	
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City & State City & State Country Country Country Country S. Certificate of Status Desired Replacable State Desired Replacable City FL Zip Code The Mark City FL Zip Code T	2. Principal Place of Business 3. Mailing Addr			tress		1 1 1 1 1 1 1 1 1 1	
City & State Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2003	
Septimental partners and sense of Current Registered Agent For Appointment 6. Name and Address of Current Registered Agent For Appointment 7. Name and Address of New Registered Agent For Appointment Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. Signature Transport or years trave of registered agent and the various as Shown on record. Sophial Contributions Sophial Contrib	City & Stat	te	City & State	City & State		4. FEI Number 65-1099331 Applied For	
8. Name and Address of Current Registered Agent To Name and Address of New Registered Agent Name 1. Name 1. Name 1. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 1. The above names entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. 1. The above names entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. 1. The above names entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. 1. The above names entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. 1. The above names entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. 1. The above names entity submits this statement for the purpose of changes of registered agent. 1. The above names entity submits this statement for the purpose of changes (P.O. Box Number 1 and 1 am familier with, and accept the statement for the purpose of registered agent. 1. The above name entity submits this statement for the purpose of changes (P.O. Box Number 1 and 1 am familier with, and accept the purpose of registered agent. 1. The above name entity submits this statement for the purpose of changes (P.O. Box Number 1 and 1 am familier with, and accept the purpose of registered agent. 1. The above name entity submits this statement for the purpose of changi	Zip Country		Zip Country		itry	5 Certificate of Status Desired \$8.75 Additional	
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City FL Zip Code The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. DATE SCRAME Young Young or private rame of registered agent and time is applicable. DATE 9. Capital Contributions \$999.00 10. Amount of Capital Contributions \$999.00 10. Amount of Capital Contributions \$11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVISTED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an emendment must be filled to change a general partner. 12. COMMENT I SEE REVISTED AND ACTIVE WITH THIS OFFICE. NOTE: Open Partners MAY NOT be changed on the form; an emendment must be filled to change a general partner. ADDRESS OHANGES ONLY FL Zip Code 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: Open Partners MAY NOT be changed on the form; an emendment must be filled to change a general partner. ADDRESS OHANGES ONLY FL Zip Code The above sample of the form; an emendment must be filled to change a general partner. ADDRESS OHANGES ONLY STREET ADDRESS CITY-ST-ZP COCUMENT I MAKE STREET ADDRESS CITY-ST-ZP COCUMENT I MAKE MAKE MAKE MAKE MAKE CITY-ST-ZP STREET ADDRESS CITY-ST-ZP CITY-ST-ZP STREET ADDRESS CITY-ST-ZP CITY-ST-ZP STREET ADDRESS CITY-ST-ZP CITY-					Street Address (P.O. Box Number is Not Acceptable)		
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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	14. I hereby o	L	this filing does not qualify	for the exe	mption stated in Se	Section 119.07(3)(i), Florida Statutes. I further certify that the information	

ANGEL HERNANDEZ
COU INVICE- PRESIDENT
SIGNATURE AND DEED OR PRINTED MANE OF SIGNING GENERAL PARTNER