2002 UNIFORM BUSINESS REPORT (UBF	2	002	UNIFORM	BUSINESS	REPORT	(UBR
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2002	2 UNIFORM BUS	INESS REP	ORT	(UBR)		APPROAL	
	MENT # A0100				AND		
-	ITNAM VALLEY LIMITED PARTNER	RSHIP	اس بس غ	×	02	2 MAY 23 PM 12: 39	
Principal Plac	ce of Business	Mailing Address			SECKETARY OF STATE TALLAHASSEE, FLORIDA		
3940 INVERR #A205	ARY BLVD	3940 INVERRARY BLV #A205	/D				
LAUDERHILL	FL 33319	LAUDERHILL FL 3331	9				
2. Principal F	Place of Business	3. Mailing Address				1811: EBABA 11811 BRIAN BRIAN BRIAN BRIAN BRIAN BRIAN BRAN BRIAN BRIAN BRAN BRIAN BRAN BRAN BRAN BRAN BRAN BR	
Suite, Apt. #, etc. Suite, Apt. #, etc.						DUE BY MAY 1, 2002	
City & Stat	е	City & State			4. FEI Number		
Zip	Country	Zip	Cou	ntry	75-298017 Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current		l		7. Name and	Address of New Registered Agent	
GOI DOT	EIN, ROSE Y	وي فسسهدين ۽ شاورت		Name	otive≡ na + 4	يها المراجع والمراجع والمتعادية والمتعادية	
	ERRARY BLVD			-Street Address	9 (P.O. Box Number	is Not Acceptable)	
#A205							
LAUDERH	HLL FL 33319			City		FL Zip Code	
8. The above	named entity submits this statement for	or the nurnose of changing	ite register	red office or regist	tered agent, or both		
or mo above	Trained oring sooning the statement to	or the purpose of changing	i ilo regiotei	rad Office of regist	ered agent, or both	, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable.				DATE	
9. Capital Co	intributions \$250,000,00	10. Amount of Ca		ibutions NO	NE	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
						CTIVE WITH THIS OFFICE.	
12.	GENERAL PARTNE		n the form		ent must be filed	I to change a general partner. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000043344			REET ADDRESS			
NAME Street address	PUTNAM VALLEY, INC. 3940 INVERRARY BLVD #A205			-	3000056778233 -06/04/0201069005 ****141.25 ****141.25		
CITY-ST-ZIP	LAUDERHILL FL 33319		CITY	Y-ST-ZIP			
DOCUMENT # NAME			STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP	,		
DOCUMENT #			STR	EET ADDRESS			
IREET ADDRESS			_CITY	/-ST-ZiP			
DOCUMENT #			STR	EET ADDRESS			
STREET ADDRESS 1			CITY	r-ST-ZIP			
DOCUMENT #	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		STR	EET ADDRESS			
NAME STREET ADERESS CITY-ST-ZIP			CITY	r-ST-ZIP			
IAME			STR	EET ADDRESS	-		
STREET ODDRESS CITY-SIZIP			CITY	'-ST-ZIP			
indicated	ertify that the information supplied with on this report is true and accurate and er or trustee empowered to execute th	l that my signature shall ha	ve the same	e legal effect as if	Section 119.07(3)(i), made under oath; t	Florida Statutes. I further certify that the information hat I am a General Partner of the limited partnership or	

SIGNATURE: X SIGNATURE OF PRINTED NAME OF SIGNING GENERAL PARTNER