


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009799 AT

<b>DOCUMENT #</b> A01000001321	
1. Entity Name CW2 LTD	

**FILED**  
03 JUN 30 AM 8:30

Principal Place of Business 1569 N.W. 82 AVENUE MIAMI FL 33126	Mailing Address 1569 N.W. 82 AVENUE MIAMI FL 33126
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>APPLIED FOR</b> 33-0974006		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

**DUE BY MAY 1, 2003**

6. Name and Address of Current Registered Agent  RAMIREZ, ABEL 1569 N.W. 82 AVENUE MIAMI FL 33126		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
9. Capital Contributions as Shown on record. <b>\$0.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$3,903.00</b>
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
	RAMIREZ, ABEL		
	3500 S.W. 130 AVENUE		
	MIAMI FL 33175		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	FRITZ, CHARLES		
	9400 S.W. 110 TERRACE		
	MIAMI FL 33182		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	CABALLERO, EDUARDO		
	37311 N. COUNTRY CLUB DRIVE FLAM 2 APT 427		
	AVENTURA FL 33180		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

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 AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-23-03

Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE