

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUN 11 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

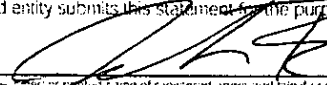
DOCUMENT # A 01000001679
1. Entity Name
 LEGACY PARTNERS GROWTH FUND LTD.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 201 S. Biscayne Blvd.		3. Mailing Address		DUE BY MAY 1	
Suite, Apt. #, etc. 28th Floor, Suite 2839		Suite, Apt. #, etc.			
City & State Miami, Florida		City & State		4. FEI Number 26-00000015	
Zip 33131	Country U.S.A.	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Interstate Registered Agent Corp.	
	Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue Suite 3000	
	City Miami,	State FL Zip Code 33131

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.

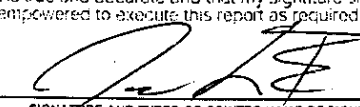
SIGNATURE  **6-6-02**
Signature, Name, or Printed Name of registered agent and date if applicable. DATE

9. Capital Contributions as Shown on record. 75,000,000	10. Amount of Capital Contributions in FLORIDA to date. 4,000,000	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L01000022394 JDM Partners LLC 201 Biscayne Blvd 28th Fl., Suite 2839 Miami, Florida 33131
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	600005767456--0 06/14/02--01061--006 *****535.00 *****535.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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:  **(JORGE PEREZ)** **6-4-02** **305-913-4636**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE DAY MONTH PHONE #

STAPLE CHECK HERE

CR2E003B (12/01)