


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000462 AT

DOCUMENT # A01000001679

1. Entity Name
LEGACY PARTNERS GROWTH FUND LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 13 AM 10:48

W 8/21

Principal Place of Business 28TH FLOOR, SUITE 2839 201 S. BISCAYNE BLVD. MIAMI FL 33131	Mailing Address 28TH FLOOR, SUITE 2839 201 S. BISCAYNE BLVD. MIAMI FL 33131
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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DUE BY SEPTEMBER 24, 2003

4. FEI Number 26-0000015	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PEREZ, JORGE
28TH FLOOR, SUITE 2839
201 S. BISCAYNE BLVD.
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$75,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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	
DOCUMENT #	L01000022394
NAME	JDM PARTNERS LLC
STREET ADDRESS	201 S. BISCAYNE BLVD., 28TH FLR, #2839
CITY-ST-ZIP	MIAMI FL 33131
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	000022286820 08/13/03--01047--003 **88.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	02/14/03 01048 019 437.50
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **8/7/03** Daytime Phone #: **305-913-4621**

CR2E003 (4/03)