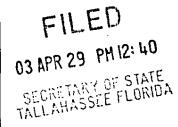
2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A02000000096 **DOCUMENT #**

1. Entity Name S/ANDREWS AVENUE PROPERTY LIMITED





國利用

2. Principal Place of Business				3. Mailing Address						 	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				0 DUE BY MAY 1, 2003				
City & State				ty & State		4. FEI Numbe	502696		Applied For Not Applicable		
Zip		Country	Zi	р	Country	/		of Status Desired		8.75 Additional e Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
JONES, PATRICIA						Name					
300 S.E. 2ND STREET					Street Address (P.O. Box Number is Not Acceptable)						
FT. LAUDERDALE FL 33301											
						City		FI		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 Signature, typed or printed name of registered agent and title if applicable. DATE											
9. Capital Contributions as Shown on record. 9. Capital Contributions in FLORIDA to date							11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
as Snown		NERAL DARTNER T	HATIS			ST BE DECISI		<u> </u>		EE INFUKMATION	
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 ON	1LY		
DOCUMENT # NAME	P02000007815 S/ANDREWS PROPERTY LIMITED					ADDRESS				ļ	
STREET ADDRESS	ADDRESS 300 S.E. 2ND STREET				ı						
CITY-ST-ZIP					CITY-ST	ITY-ST-ZIP					
DOCUMENT #					STREET	ADDRESS	01/20	1 00173233 /0301080023	8		
NAME					J.II.C.		<u>U47.237</u>	<u> </u>	* *	£141.25	
STREET ADDRESS CITY-ST-ZIP		•			CITY-S1	T-ZIP					
DOCUMENT #					970007	ADDRESS	·				
NAME	•				JINLEI	ADDITION		<u> </u>			
STREET ADDRESS CITY-ST-ZIP	170				CITY-SI	r-2iP					
DOCUMENT # NAME					Street	ADDRESS					
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DOCUMENT # NAME	. <u>.</u>	"			STREET	ADDRESS					
STREET ADDRESS CITY-ST-ZIP					CITY-ST	r-ZIP					
DOCUMENT #					STREET	ADDRESS					
STREET ADDRESS CITY-ST-ZIP),	/	CITY-ST		· <u>····</u>	-			
14. I hereby of indicated the receiv	ertify that the ir on this report is er or trustee er	formation supplied with frue and accurate and t powered to execute this	this filin hat my report	g does not qualify for signature shall have to as required by Chapte	the exemp he same le er 620, Flo	otion stated in Se egal effect as if m rida Statutes	ction 119.07(3)(i) lade under oath;), Florida Statutes. I further ce that I am a General Partner o	rtify f the	that the information limited partnership or	

Whe required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: