

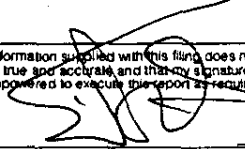
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A02000000103			
1. Entity Name HUDSON ASSET MANAGEMENT, LTD.			
Principal Place of Business 1150 CLEVELAND, SUITE 300 CLEARWATER, FL 33755		Mailing Address 1150 CLEVELAND, SUITE 300 CLEARWATER, FL 33755	
2. Principal Place of Business		3. Mailing Address 2450 SHENANGO VALLEY FREEWAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State HERMITAGE PA	
Zip	Country	Zip	Country MERCER
4. FEL Number 26-0005073		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STROHAUER, GARY N 1150 CLEVELAND, SUITE 300 CLEARWATER, FL 33755		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
A. 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 _____			
9. Capital Contributions as Shown on record. \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 #	A02000000209	STREET ADDRESS	
NAME	HUDSON MANAGEMENT, LLC	CITY - ST - ZIP	
STREET ADDRESS	1150 CLEVELAND, SUITE 300		
CITY - ST - ZIP	CLEARWATER, FL 33755		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		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: 		8-4-03 724-9811204	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone	

9/2

BJH



STAPLE CHECK HERE

03/03 (10/02)

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Libeg, Gargano, Bell & ASSOCIATES, CPAs

Certified Public Accountants • Business & Financial Advisors

August 29, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Hudson Asset Management, Ltd.

Dear Sir:

We received your notice dated August 20, 2003 for the above mentioned taxpayer and would like to offer an explanation. The notice indicates the fee to file is \$541.25. We had enclosed a check for \$141.25. The difference of \$400.00 represents a late fee. However, this was the first year for this organization to file the Limited Partnership Uniform Business Report and the forms were never sent to the taxpayer until after April. Therefore, we never had an opportunity to timely file. Once we received the forms, we immediately filed and paid the amount. Therefore, we ask the \$400.00 penalty be abated for reasonable cause and not an intentional disregard for the filing requirements. Also, in the future this will be filed timely.

Also, we have included the federal employer identification number on line 4 as requested.

Please review the above information and adjust your records accordingly. If you have any questions, please do not hesitate to contact me. Thank you for your prompt attention to this matter.

Sincerely,

MARTIN M. GARGANO, CPA