

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003703 AV

**DOCUMENT # A02000000455**



**FILED**  
03 APR 29 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. Entity Name  
**GOULDD ASSET MANAGEMENT LTD.**

Principal Place of Business C/O SETH E. ELLIS. P.A. 2600 NORTH MILITARY TRAIL, SUITE 290 BOCA RATON FL 33431	Mailing Address C/O SETH E. ELLIS. P.A. 2600 NORTH MILITARY TRAIL, SUITE 290 BOCA RATON FL 33431
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State      City & State

4. FEI Number      Applied For  
**75-3044309**      Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired            **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ELLIS, SETH E ESQ.**  
**C/O SETH E. ELLIS, P.A.**  
**2600 NORTH MILITARY TRAIL, SUITE 290**  
**BOCA RATON FL 33431**

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

9. Capital Contributions as Shown on record.      **\$990.00**      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**

**13. ADDRESS CHANGES**

DOCUMENT # **P02000033326**  
NAME **GOULDD MANAGEMENT CORP.**  
STREET ADDRESS **2600 N. MILITARY TRAIL, SUITE 290**  
CITY-ST-ZIP **BOCA RATON FL 33431**

STREET ADDRESS      **04/29/03--01017--033 \*\*526.25**

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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: **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/31/03**  
Date      Daytime Phone #

CR2E003 (10/02)