

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012877 AT

DOCUMENT # A02000000755	
1. Entity Name THE FITCH FAMILY LIMITED PARTNERSHIP	

FILED
03 MAY -1 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business C/O BONNIE J. ZACHER 1360 S.W. 12TH TERRACE BOCA RATON FL 33486	Mailing Address C/O BONNIE J. ZACHER 1360 S.W. 12TH TERRACE BOCA RATON FL 33486
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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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Zip	Country	Zip	Country
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DUE BY MAY 1, 2003	
4. FEI Number 01-0709575	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVENUE FORT LAUDERDALE FL 33316
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$5,000.00	10. Amount of Capital Contributions in FLORIDA to date. 250,000	11. MAKE CHECK PAYABLE TO FL. 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	FITCH, DOROTHY J	CITY-ST-ZIP	
STREET ADDRESS	3001 DEER CREEK COUNTRY CLUB BLVD., #253		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		
DOCUMENT #		STREET ADDRESS	
NAME	ZACHER, BONNIE J	CITY-ST-ZIP	
STREET ADDRESS	1360 S.W. 12TH TERRACE		
CITY-ST-ZIP	BOCA RATON FL 33486		
DOCUMENT #		STREET ADDRESS	
NAME	ROZOVICS, KATHRYN A	CITY-ST-ZIP	
STREET ADDRESS	301 PARK AVENUE		
CITY-ST-ZIP	PRAIRIE DU SAC WI 53578		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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03/17/03-01015-021-526-25

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date: **3/10/03** Daytime Phone #: **561-393-0085**

CR2E003 (10/02)

STAPLE CHECK HERE