2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	A02000000817

1. Entity Name

Principal Place of Business 1602 ABACO DRIVE. #H-1

COCONUT CREEK FL 33066

2. Principal Place of Business

Suite, Apt. #, etc.

THE HIB FAMILY LIMITED PARTNERSHIP

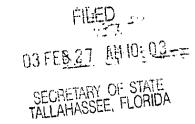


Mailing Address 1602 ABACO DRIVE. #H-1 COCONUT CREEK FL 33066

12300 CLASSIC DRIVE

3. Mailing Address

Suite, Apt. #, etc.





DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Name	City & State	e	CORA	itate L SPRING	es fl	4. FEI Number	378200	Not Applicable	
Name	- Zip	Country	Zip		Country	5. Certificate of	Status Desired		
The above named settly submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature		6. Name and Address of Curren	gent	7Name and Address of New Registered Agent					
Single Address (PO) Box starting 15 1 15 3 5 City FL 2 p Code	KADD DE	151			Name		•		
COCONUT CREEK FL 33066 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Capital Combinations as Shown on record. **A CENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH INTIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY MODILINATION **RIRET ADDRESS*** CITY-ST-2P** DOCUMENT I** **ADDRESS CHANGES ONLY STREET ADDRESS** CITY-ST-2P** DOCUMENT I** **ADDRESS CHANGES ONLY STREET ADDRESS* CITY-ST-2P** DOCUMENT I** **ADDRESS CHANGES ONLY CITY-ST-2P** DOCUMENT I** **ADDRESS CHANGES ONLY CITY-ST-2P** DOCUMENT I** **ADDRESS CHANGES ONLY CI	· · · · · · · · · · · · · · · · · · ·			٠	Street Address (P.O. Box Noorber's Not Acceptable)				
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Date

Daytime Phone #