

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A02000000838'

1. Entity Name
BOROSKI INVESTMENTS, LTD., LLLP



FILED
SECRETARY OF STATE
OF CORPORATIONS
MAY 12 AM 11:29

CR 6/3

Principal Place of Business
**9667 N.W. 33RD STREET
MIAMI FL 33172**

Mailing Address
**9667 N.W. 33RD STREET
MIAMI FL 33172**



2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

4. FEI Number
02-06223881

Applied For
 Not Applicable

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

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOROSKI, EDWARD J
9667 N.W. 33RD STREET
MIAMI FL 33172**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **99.00** 10. Amount of Capital Contributions in FLORIDA to date. **5,000,000** 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 ONLY	
DOCUMENT #	L02000013833	STREET ADDRESS	
NAME	EJB HOLDINGS, LLC	CITY-ST-ZIP	
STREET ADDRESS	9667 N.W. 33RD STREET		
CITY-ST-ZIP	MIAMI FL 33172		
DOCUMENT #		STREET ADDRESS	900018689279
NAME		CITY-ST-ZIP	05/12/03 01010 001 **526.25
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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: *SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

305-392-5085
Date Daytime Phone #

CR2E003 (10/02)