


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001911 AT

DOCUMENT # A02000000858

1. Entity Name
FIELDS OF DREAMS, LTD.



FILED

03 APR 30 AM 5:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**6823 VISTA PARKWAY NORTH
WEST PALM BEACH FL 33411**

Mailing Address
**6823 VISTA PARKWAY NORTH
WEST PALM BEACH FL 33411**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4/30

DUE BY MAY 1, 2003

4. FEI Number
02-063249

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

6. Name and Address of Current Registered Agent

HEINE, CHRIS
6823 VISTA PARKWAY NORTH
WEST PALM BEACH FL 33411

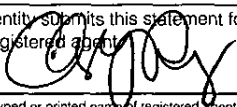
7. Name and Address of New Registered Agent

Name
Cheryl Y. Perry

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  **Cheryl Y. Perry** DATE **4/17/03**

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

9. Capital Contributions as Shown on record. **\$3,000.00**

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	
DOCUMENT #	P00000103016
NAME	C.H. CONSULTING, INC.
STREET ADDRESS	6823 VISTA PARKWAY NORTH
CITY-ST-ZIP	WEST PALM BEACH FL 33411
DOCUMENT #	
NAME	SILAS, BILLY
STREET ADDRESS	6823 VISTA PARKWAY NORTH
CITY-ST-ZIP	WEST PALM BEACH FL 33411
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:  **Chris A. Heine** DATE **4/17/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

(561) 684-7500

CR2E003 (10/02)

STAPLE CHECK HERE