


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000332 AT

DOCUMENT # A02000000867	
1. Entity Name CONMAR, LTD.	

FILED

2003 AUG 21 AM 9:02

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

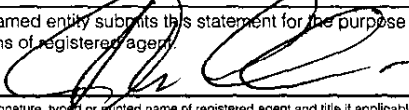


Principal Place of Business 65 53RD STREET, OCEAN MARATHON FL 33050	Mailing Address 65 53RD STREET, OCEAN MARATHON FL 33050
2. Principal Place of Business 3515 Jonathan Harbour Dr.	3. Mailing Address 3515 Jonathan Harbour Dr.

Suite, Apt. #, etc.	Suite, Apt. #, etc.	DUE BY SEPTEMBER 24, 2003	
City & State Jupiter, FL	City & State Jupiter, FL	4. FEL Number 38-2251173	Applied For <input type="checkbox"/> Not Applicable
Zip 33477	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CONLIN, JOHN W 65 53RD STREET, OCEAN MARATHON FL 33050		7. Name and Address of New Registered Agent Name JOHN W CONLIN Street Address (P.O. Box Number is Not Acceptable) 3515 Jonathan Harbour Dr City Jupiter FL Zip Code 33477	
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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 **10/17/03**

9. Capital Contributions as Shown on record. \$8,917.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	CONLIN, JOHN W	STREET ADDRESS	3515 Jonathan Harbour Dr
NAME	2557 SOMBRERO BLVD.	CITY-ST-ZIP	Jup, Fla, FL 33477
STREET ADDRESS	MARATHON FL 33050		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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** DATE **10/17/03** DAYTIME PHONE # **561 743 3845**

CR2E003 (4/03)

STAPLE CHECK HERE