


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002617 AV

DOCUMENT # A02000000988 1. Entity Name MOSS INVESTMENTS LTD.	
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FILED

2003 MAY 14 PM 4:51

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business 20801 BISCAYNE BLVD., SUITE 506 AVENTURA FL 33180-1430	Mailing Address 20801 BISCAYNE BLVD., SUITE 506 AVENTURA FL 33180-1430
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country

DUE BY MAY 1, 2003	
4. FEI Number 59-3763081	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 MOSS, MARVIN 20801 BISCAYNE BLVD., SUITE 506 AVENTURA FL 33180-1430	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 <i>g</i> cord. \$200,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P02000077278	STREET ADDRESS	
NAME	MOSS INVESTMENTS INC.	CITY-ST-ZIP	
STREET ADDRESS	20801 BISCAYNE BLVD., SUITE 506	STREET ADDRESS	200018942762
CITY-ST-ZIP	AVENTURA FL 33180-1430	CITY-ST-ZIP	05/14/03--01057--009 **526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Marvin Moss* **DATE:** 4/4/03 **DAYTIME PHONE #:** 308/976-8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

CR2E003 (10/02)