

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -5 PM 5:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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MJM

DOCUMENT # A02000001500 1. Entity Name BERGER/REIBACK VENTURES LIMITED PARTNERSHIP	
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Principal Place of Business 3 GROVE ISLE DRIVE, APT. 801 MIAMI FL 33133	Mailing Address 3 GROVE ISLE DRIVE, APT. 801 MIAMI FL 33133
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 06-1660696	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

**BERGER, ADOLPH J
3 GROVE ISLE DRIVE, APT. 801
MIAMI FL 33133**

7. Name and Address of New Registered Agent

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. \$98.00	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 # P02000120088 NAME BERGER/REIBACK VENTURES, INC. STREET ADDRESS 3 GROVE ISLE DRIVE, APT. 801 CITY-ST-ZIP MIAMI FL 33133	STREET ADDRESS _____ CITY-ST-ZIP 100017921411 05/05/03--01002--021 **141.25
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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)* **SIGNATURE REQUIRED** *4/26/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CFR2003 (10/02)