

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001630 1. Entity Name PROCUTS I, LTD.	
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FILED

2003 JUN 13 PM 3:41

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2834 A SW PORT ST LUCIE BLVD Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.	City & State Port St. Lucie, FL Zip 34953 Country USA
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DO NOT WRITE IN THIS SPACE

DUE BY MAY 1	
4. FEI Number 65-0967596	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name DEBBIE HOWES	
Street Address (P.O.-Box Number is Not Acceptable) 3717 SW HAINES ST	
City Port St Lucie	Zip Code FL 34953

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. \$ 1000.00	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		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	DEBBIE HOWES 3717 SW HAINES ST PORT ST. LUCIE FL 34953	STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; background-color: #cccccc; font-weight: bold; padding: 10px;"> 400017803174 05/01/03--01021--013 **52.50 </div>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; background-color: #cccccc; font-weight: bold; padding: 10px;"> 400017803174 06/16/03--01078--009 **83.75 </div>
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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: Deborah Howes DEBORAH HOWES 4-18-03 (772) 873-8388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003B (12/02)