LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

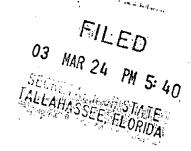
DOCUMENT#

A02000001715

1. Entity Name

IAW AT FRED GEORGE, LTD.





DO NOT WRITE IN THIS SPACE

11 MAKE CHECK PAYABLE TO FLORET OF STATE

DO NOT WRITE IN THIS SPACE

3990W. OAKLAND KK	DLUD	DO NOT WRITE IN THIS SPACE		
Ste, Apt. #, etc. 20/	Suite, Apt. #, etc.		DUE BY MAY 1	
& State City & State			4. FEI Number 0677018	Applied For
JUNKISE FC			02-061100	Not Applicable
3337 BROWARD	Zip	Country		75 Additional Required
			7. Name and Address of Current Registered Age	:nt

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent						
KOBERT W. FRAZIEN JR 559						
Sirget Address (P.O. Box Humber is Not Acceptable) Soc 1. HT82						
2400 E. Commerciac Blue						
FORT LAUDERDAKE FL 393308						
and office or registered agent, or both, in the State of Elevide. Lam familiar with, and accept						

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 acc	cept
	the obligations of registered agent	

10. Amount of Capital Contributions

as Shown on record. 20, 000 in FLORIDA to do		in FLORIDA to date.	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 INFO					
DOCUMENT # NAME STREET ADDRESS	M 87579 ECHIONUSA IN 8890W. DAKLA 3UNDISE FX	NOPUL BLUD	- 900014557339			
CITY-ST-ZIP	30 NRISE FX	3335 CITY-ST-ZIP	03/24/0301078001 **158.75			
DOCUMENT # NAME		STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP				
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DOCUMENT # NAME	- **	STREET ADDRESS	IN THIS SPACE			
STREET ADDRESS		CITY-ST-2IP				

14. I hereby certify that the information supplied with this filing loes 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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

Date

Daytime Phone #