


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001828 AT

DOCUMENT # A02018

1. Entity Name
WAREHOUSE ASSOCIATES, LIMITED



FILED
03 JAN -9 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**100 LAKESHORE DRIVE, APT. 556
NORTH PALM BEACH FL 33408**

Mailing Address
**100 LAKESHORE DRIVE, APT. 556
NORTH PALM BEACH FL 33408**



2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number **59-1475188**

	Applied For
	Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COOPERMAN, MONROE L.
100 LAKESHORE DRIVE, APT. 556
NORTH PALM BEACH FL 33408**

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. \$150,000.00	10. Amount of Capital Contributions in FLORIDA to date. 150,000.00	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	COOPERMAN, MONROE L
STREET ADDRESS	100 LAKESHORE DRIVE, APT. 556
CITY-ST-ZIP	NORTH PALM BEACH FL 33408
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400009992314
CITY-ST-ZIP	01/09/03--01053--018 **535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	AL
CITY-ST-ZIP	
STREET ADDRESS	
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: *Monroe L. Cooperman* **MONROE L. COOPERMAN** *1/6/03* **561/622-4566**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)