2003 LIMITED PARTNERSHIP

UN	IIFORM BUSII	NESS REP	ORT (I	UBR)			
DOCUMENT # A02349 1. Entity Name THE VERO BEACH DEVELOPMENT ASSOCIATION, LTD.					03 MAR 20 PH 1: 17	s de la companya de	
Principal Place of Business 5865 - 34TH STREET VERO BEACH FL 32966			Mailing Address 5865 - 34TH STREET VERO BEACH FL 32966		SECUL TAKE OF STAT TALLAHASSEE PLORII	AC MJH Handanian and Action (1981)	
Principal Place of Business			s	3/20			
Suite, Apt. #, etc.			c.	DUE BY MAY 1, 2003			
City & State AAA City &			& State		4. FEI Number 59-1477982	Applied For Not Applicable	
Zip Country		Zip	Country Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HATALA, LEONARD 5865-34 STREET VERO BEACH FL 32960				Street Address (P.O. Box Number is Not Acceptable)			
							8. The above the obligated SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date.				outions	ns 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
	A GENERAL PARTN	ERTHAT IS A BUSINES	SS ENTITY M	UST BE REGI	STERED AND ACTIVE WITH THIS OFFICE	E.	
12. GENERAL PARTNER INFORMATION				,	ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS	HATALA, LEONARD 5865 - 34TH STREET VERO BEACH FL		STRE	ET ADDRESS			
CITY-ST-ZIP			CITY	-ST-ZIP	400014410244		
DOCUMENT # NAME STREET ADDRESS	BARON, RUDOLF P.O. BOX 622 FLORENCE CO 81226-0622			ET ADDRESS	03/20/0301049019 **528, 25		
CITY-ST-ZIP				-ST-ZIP			
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OCUMENT #			STREE	ET ADDRESS		· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS			CITY-	ST-ZIP		, , , , , , , , , , , , , , , , , , ,	
OCUMENT # IAME	o.		STREE	ET ADDRESS	C-V-V-V-V-	-	
TREET 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:

CITY-ST-ZIP

Daytime Phone #