2002 UNIFORM	BUSINESS	REPORT	(UBR
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DOCLMENT # A05577  1. Entity Mane  CITES PLAZA PARTNERS, A LIMITED PARTNERSHIP						FILED  02 FEB 27 PM 3: 02  SECRETARY OF STATE			
Principal Place of Business Mailing Address P.O. BOX 999 CHADDS FORD PA 19317 CHADDS FORD PA 19317						+ 1001015	IALLAHASSEE, FLORIDA		
Principal Place of Business     Address     Address			ailing Address	·					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			•	DUE BY MAY 1, 2002		
City & Stat	te		Ci	City & State		4. FEI Number	E1_01707EE	polied For	
Zip	:	Country	Zij	Zip Counti		ntry	5. Certificate of	5. Certificate of Status Desired \$8.75 Addit Fee Required	
·	6. Name	and Address of Current R	Registe	red Agent			7. Name and /	Address of New Registered Agent	
MOORE, BRUCE E					Name Street Addres	Name Street Address (P.O. Box Number is Not Acceptable)			
C/O BRANDYWINE FINANCIAL SERVICES CORP.  -2637 MCCORMICK DRIVE CLEARWATER FL 33759				Substitution (1.0. Box (tallibut is not / cooptable)					
		submits this statement for	the pur	roose of changing its	reaister	City ed office or regis	stered agent, or both	FL Zip Code	<u> </u>
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.				ontributions  11. MAKE CHECK PAYABLE TO DEPT. OF STA  SEE REVERSE SIDE FOR FEE INFORMATION					
	A G NOTE:	ENERAL PARTNER TH General Partners MAY	HAT IS	A BUSINESS EN be changed on th	TITY M	IUST BE REGI n; an amendm	STERED AND AC	TIVE WITH THIS OFFICE. to change a general partner.	
12.		GENERAL PARTNER I	INFOR	MATION	13.			ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	2 POND'S	INE CORPORATION EDGE DR. FORD PA 19317				-ST-ZIP		W	
DOCUMENT #	CHADDO	OID IA 19011			STRE	ET ADDRESS		00005044222	5
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP		-03/05/0201063 ****535.80 *****5	<u> </u>
DOCUMENT # NAME		,	-7		STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	-				CITY	-ST-ZIP			
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DOCUMENT # NAME					STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	portific that the	information cumplied with th				-ST-ZIP	2		

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 execute this report as required by Chapter 620, Florida Statutes

BYCE E. MOYE

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Designed Property

Date

Designed Property

Designed Prop

SIGNATURE: