


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020006 N 3

<b>DOCUMENT # A08911</b> 1. Entity Name <b>EDWARDS, LIMITED</b>	
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FILED

2003 JAN 27 PM 4:17

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>953 COLLINS AVENUE MIAMI BEACH FL 33131</b>	Mailing Address <b>% C. MCCARTHY 105 E. SILVER SPRING DRIVE MILWAUKEE WI 53217</b>
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2. Principal Place of Business	3. Mailing Address	<b>DUE BY MAY 1, 2003</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>59-2259091</b>	
City & State	City & State	<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1311 EXECUTIVE CENTER DRIVE SUITE 200 TALLAHASSEE FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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. <b>\$735,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME <b>FORMAN, ROSE C.</b>	STREET ADDRESS	
STREET ADDRESS	<b>9350 BAY HARBOR DR.#7-A</b>	CITY-ST-ZIP	
CITY-ST-ZIP	<b>BAY HARB.ISLANDS FL</b>		<b>900010976189</b> 01728/03--01025--012 **526.25
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STREET ADDRESS		CITY-ST-ZIP	
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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:** *Rose Forman* **SIGNATURE REQUIRED** 1/22/2003 414 964 2660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)