2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: .

DOCU 1. Entity Nam CRT DE			07					Ω:	FILED 3 JUN 18 PM 4	: 19	÷ ;
Principal Place of Business 3850 NW 118TH AVENUE CORAL SPRINGS FL 33065				Mailing Address 3850 NW 118TH AVENUE CORAL SPRINGS FL 33065				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business				3. Mailing Address				188184	\$01 1000 118 107 <u> </u> 	. 	DIBII BIBII BIBII IBBI
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DUE BY MAY 1, 2003			
City & State				City & State			```	4. FEI Number	04-2703861		Applied For Not Applicable
Zip Country				Zip Countr		ntry		5. Certificate of Status Desired S8.75 Additional Fee Required			5 Additional
6. Name and Address of Current Registered Agent RICCI, WILLIAM J. %-BAKER HILL-INDUSTRIES						Name Street A	ddress (f		Address of New Register is Not Acceptable)	red Agent	
3850 N.W. 118TH AVENUE CORAL SPRINGS FL						City	FL Zip Code				
	named entitions of regist		it for the p	urpose of changing it	ts register	ed office or	registere	ed agent, or both	in the State of Florida. 1	am familiar	with, and accept
SIGNATURE .	Signature, typed	or printed name of registered a	gent and title i	applicable.	·				D/	ντε	<u> </u>
9. Capital Contributions as Shown on record. \$150,000.00 10. Amount of Capita in FLORIDA to da						ontributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE FIEVERSE SIDE FOR FEE INFORMATION					
									CTIVE WITH THIS OFF to change a general		
12. GENERAL PARTNER INFORMATION DOCUMENT#						·	SOUDIT SUFFIS				
NAME STREET ADDRESS CITY-ST-ZIP		lliam S. Icean Blvd. Iderdale Fl		,		EET ADDRESS '-ST-ZIP	<u></u>	05/01/0301022022 **8.75			
DOCUMENT # NAME STREET ADDRESS		K, DIETEŘ ` HORE DRIVE UNIT :	5		EET ADDRESS			Key Road			
CITY-ST-ZIP		FL 34275				'-ST-ZIP	Nok	komis FL 34275 800017805038			
DOCUMENT # NAME STREET ADDRESS	MARTIN, ROBERT S. 6 NICHOLAS CIRCLE ANDOYER MA					-ST-ZIP		05/01/0	<u> </u>	**15	0.00
DOCUMENT #	ANDUVER	<u> MA</u>			. STRI	EET ADDRESS					? .
NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u>				CITY	-ST-ZIP	04	25 03-	-90704002	2 #	376,25
DOCUMENT # NAME					STR	EET ADDRESS		1			
STREET ADDRESS CITY-ST-ZIP		_		_	CITY	-ST-ZIP				-	
DOCUMENT # NAME					STRI	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP					L_	-ST-ZIP					
14. I hereby of indicated the receiv	certify that the on this repor ver or trustee	e information supplied to the and accurate a empowered to execute	with this fil and that me this repo	only	or the exe e the same pter 620,	mption stat e legal effec Florida Stat	ed in Sec et as if ma utes	etion 119.07(3)(i), ade under oath; i	Florida Statutes. I further hat I am a General Partner	certify that er of the lim	the information ited partnership or

Date

Daytime Phone #