2003 LIMITED PARTNERSHIP

SIGNATURE:

UNIFORM BUSINESS REPORT (UBR)					4 7 + 121	
DOCU 1. Entity Nan TERRAIN	5			03 JAN 15		
Principal Plac 217 EAST CAN WINTER PARK	ce of Business NTON AVE. (FL 32789	Mailing Address 217 EAST CANTON AVE. WINTER PARK FL 32789			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3. Mailing Address			_			
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2003	
City & Stat	te	City & State	City & State		4. FEI Number 59-2474724 Applied For	
Zip	Country	Zip Country			5. Certificate of Status Desired Section 188.75 Additional	
	6. Name and Address of Current	Registered Agent	- [7. Name and Address of New Registered Agent	
BONUS, F			Name	Name		
170 EAST		Stree	Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO	ORLANDO FL 32801			-		
•			City	City FL Zip Code		
8. The above named entity submits this statement for the surpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent anythite (Applicable.						
9. Capital Contributions as Shown on record. \$342,000.00 10. Amount of Capital Contributions in FLORIDA to date.					11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE	
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 filled to change a general partner.						
12.	GENERAL PARTNER	INFORMATION	13.		ADDRESS CHANGES ONLY	
DOCUMENT # NAME	JAFFE, BERNARD		STREET ADDRESS	s		
STREET ADDRESS	217 EAST CANTON AVE. WINTER PARK FL 32789	•	CITY-ST-ZIP		2000101	
DOCUMENT #			STREET ADDRESS	s	300010124153 	
STREET ADDRESS			CITY-ST-ZIP		-	
DOCUMENT#			STREET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>		
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STREET ADDRESS			CITY-ST-ZIP	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
DOCUMENT #			· -	 -	·	
NAME STREET ADDRESS			STREET ADDRESS	<u> </u>	M THOMAS	
CITY-ST-ZIP DOCUMENT	, .	<u> </u>	CITY-ST-ZIP	,		
NAME		,	STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		·	CITY-ST-ZIP			
 I hereby ce indicated o the receive 	ertify that the information supplied with the or this report is true and accurate and the or trustee empowered to execute this i	nis filling does not qualify for the lat my signature shall have the report as required by Chapter (e exemption sta same legal eff 620, Florida Sta	ated in Secti ect as if mad atutes	tion 119.07(3)(i), Florida Statutes. I further certify that the information de under oath; that I am a General Partner of the limited partnership or	