


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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AT

DOCUMENT # A22454	
1. Entity Name BLUE JAY ASSOCIATES, LTD.	

FILED

2003 AUG 19 AM 8:21

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business C/O INTRADECO 7300 BIRD RD., SUITE 200 MIAMI FL 33155	Mailing Address C/O INTRADECO 7300 BIRD RD., SUITE 200 MIAMI FL 33155
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY SEPTEMBER 24, 2003

4. FEI Number 59-2776185	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SIMAN, JOSE 7300 BIRD RD. SUITE 200 MIAMI FL 33155		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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
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9. Capital Contributions as Shown on record. \$5,984,903.52	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	G52425	STREET ADDRESS	
NAME	INTRADECO INC.	CITY-ST-ZIP	
STREET ADDRESS	7300 BIRD RD. #200		
CITY-ST-ZIP	MIAMI FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8-15-03
Date Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE