**2003 LIMITED PARTNERSHIP** 

·	NIFORM BUSINE	SS REPO	RT (UBF	<b>2</b> )					
DOC 1. Entity I ZIPEF			FILED 03 FEB 13 PM 1: 10						
Principal Place of Business 12340-NE 8-CT- NORTH MIAMI-FE 33161		Mailing Address 12340 NE 5 CT NORTH MAMIFE 33161		we this	SEC TALL	RETARY OF S AHASSEE, FL	TATE ORIDA		
2. Principa i 94 Suite, A	Pera way								
Suite, Apt. #, etc.  City & State  City & State				DUE BY MAY 1, 2003					
M	IAMI FL	City & State MUMI, FL	City & State MUMI, FL		4. FEI Number	59-2749808		Applied For	
Zip <b>3</b>	3179 Country U.S.A.	Zip <b>33179</b>	Country V. S.A.		5. Certificate of	Status Desired	\$8.7	Not Applicable  5 Additional	
	6. Name and Address of Current Registered Agent						Fee R	lequired.	
000	Name	7. Name and Address of New Registered Agent Name							
Saul Radler 19951 NE 10th Pl. Way Miami, FL 33179-2504			Street A	Street Address (P.O. Box Number is Not Acceptable)					
126.50	<del></del>	<del></del> -							
			City						
8. The abov	1 -	office or registered agent, or both, in the State of Florida. I am familiar with, and accept							
the obliga	ations of registered agent.	ne parpose of changing its	registered office or	registered	d agent, or both, ir	the State of Florida	ı. I am familiar	with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and								
9. Capital C	ontributions #400 000 00	title if applicable.  10. Amount of Capita	al Contributions				DATE		
as Shown	on record. \$100,000.00	in FLORIDA to da	ate.		/ T	1. MAKE CHECK PA SEE REVERSE S	YABLE TO FL.	DEPT. OF STATE	
	A GENERAL PARTNER TH. NOTE: General Partners MAY GENERAL PARTNER IN		TITY MUST BE P	REGISTE	RED AND ACT	VE WITH THIS O	FFICE.		
12.	T	NFORMATION	13.	- Tallicity	nast be filed to	ADDRESS CHANG	al partner.		
NAME	P97000018364 RPZ, INC.	-1 A	STREET ADDRESS	190					
STREET ADDRESS CITY-ST-ZIP	12340 NE 8 CT 19951 NE 10 NORTH MIAMI FL 33181 MIAM		CITY-ST-ZIP	3772	AM E	33179			
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CITY-ST-ZIP			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:

FCB 4, 2003

305-892-8330

Daytime Phone #