2003 LIMITED PARTNERSHIP

SIGNATURE: \_

UN	IFORM BUS	SINESS REP	ORT (	UBR)		*1	
DOÖUMENT # A26189  1. Entity Name PLAZA 76, LTD			"مرده		DIVISION OF CORPORATIONS  03 JAN 27 PH 12: 47		
Principal Place of Business  % CHARLES E. MEYER  % CHARLES E. MEYER  811 EAST LAS OLAS BLVD.  FT. LAUDERDALE FL 33301  Mailing Address  % CHARLES E. MEYER  811 EAST LAS OLAS BLVD  FT. LAUDERDALE FL 33301			MEYER DLAS BLVD.				
Principal Place of Business     Mailing Address			ess			II 990IX B\$011 njoh olok 476IL 1601	
Suite, Apt. #, etc. Suite, Apt. #, etc.			etc.	DUE BY MAY 1, 2003			
City & State Ci		City & State	City & State		4. FEI Number 65-0041198	Applied For Not Applicable	
Zip Country Zip		Zip	Cou	intry	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			·	7. Name and Address of New Registered Agent			
· · · · · · · · · · · · · · · · · · ·				Name			
-	MEYER, CHARLES E.				Street Address (P.O. Box Number is Not Acceptable)		
	LAS OLAS BLVD.			Otteet Address	(1.5. Dox (Marrider is 1400 Acceptable)		
ft. Laud	ERDALE, FL FL 33301						
				City : FL Zip Code			
						-L   25 0000	
the obligat	tions registered agent.  Consumbly  Signature, typed or printed name of reg	one here of the start applicable.			1/6/03 DAI	<b>&gt;</b>	
9. Capital Co as Shown			t of Capital Contr RIDA to date.	ributions	, ,	ILE TO FL. DEPT. OF STATE	
as Shown					TERED AND ACTIVE WITH THIS OFF	FOR FEE INFORMATION	
					nt must be filed to change a general		
12.	GENERAL	PARTNER INFORMATION	13		ADDRESS CHANGES	ONLY	
DOCUMENT # NAME	MEYER, CHARLES E. 8 811 EAST LAS OLAS BLVD. FT. LAUDERDALE FL		STI	REET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			СІТ	Y-ST-ZIP		1 = -	
DOCUMENT # NAME			ST	REET ADDRESS	1/27	03	
STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP	VC VI	,	
DOCUMENT <b>#</b> Name		-	STI	REET ADDRESS	, , , , , , , , , , , , , , , , , , ,		
STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP			
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DOCUMENT #			, STF	REET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			СІТ	Y-ST-ZIP	<u> </u>		
14. I hereby of indicated the receiv	certify that the information sur don this report is true and acc ver or trustee en powered to e		qualify for the exe nall have the sam by Chapter 620,	emption stated in Sone legal effect as if r Florida Statutes	ection 119.07(3)(i), Florida Statutes. I further made under oath; that I am a General Partner	certify that the information of the limited partnership or	

Date

Daytime Phone #