


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

MAN

0009828 AT

DOCUMENT # A26722 1. Entity Name SILVER EAGLE DISTRIBUTORS LTD.	
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FILED

03 MAY -6 PM 8:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 1000 PARK OF COMMERCE BLVD. HOMESTEAD FL 33035	Mailing Address 1000 PARK OF COMMERCE BLVD. HOMESTEAD FL 33035
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2. Principal Place of Business	3. Mailing Address	DUE BY MAY 1, 2003	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number 65-0064127	Applied For: <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent VAZQUEZ-BELLO, CLEMENTE L., ESQ. VALDES-FAULI, COBB & PETREY, P.A. #3400, ONE BISCAYNE TWR, 2 S. BISCAYNE BLV MIAMI FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$5,860,000.00	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 #	P95000018019	STREET ADDRESS	
NAME	RFO, INC.	CITY-ST-ZIP	
STREET ADDRESS	7409 S.W. 168 TERRACE		
CITY-ST-ZIP	MIAMI FL 33157		
DOCUMENT #	P99000018628	STREET ADDRESS	200018294052
NAME	CHACE, INC.	CITY-ST-ZIP	05/06/03--01059--011 **526.25
STREET ADDRESS	1000 PARK OF COMMERCE BLVD.		
CITY-ST-ZIP	HOMESTEAD FL 33035		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	4/30/03 Date	305-230-2337 Daytime Phone #
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STAPLE CHECK HERE

CRZE003 (10/02)