FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 18 PM 2:21

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A27044

1. Entity Name
AMERICAN MARKETING WESTPORT, LTD.

400018004874
07/28/03--01005--006 **10.50

Principal Place of Business	Mailing Address
%AMERICAN MARKETING & MANAGEMENT, INC. 888 S.E. 3RD AVENUE, S-501 FT. LAUDERDALE, FL 33316	P.O. BOX 282037 DAVIE, FL 33329

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DUE BY MAY 1, 2003

4. FEI Number 65-0150891 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORMAN, M. AUSTIN
888 S.E. 3RD AVENUE, SUITE 501
FT. LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

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 ______ Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $9,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	373822	STREET ADDRESS	
NAME	AMERICAN MARKETING & MAN		
STREET ADDRESS	888 S.E. 3RD AVE #501	CITY-ST-ZIP	
CITY-ST-ZIP	FT. LAUDERDALE, FL		
DOCUMENT #		STREET ADDRESS	
NAME			
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CR2E003 (10/02)

STAPLE CHECK HERE

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] / VP Amm   4/23/03   (954) 587-0330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #

138.50
8.75