2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT

| I N N N N N N N N N N N N N N N N N N N | DOCL | JMENT | # A2 | 7790 |
|---|------|--------------|------|------|
|---|------|--------------|------|------|

1. Entity Name AUBURN TRACE, LTD.



Principal Place of Business 1301 S.W. 10TH AVENUE, BLDG. J DELRAY BEACH FL 33444

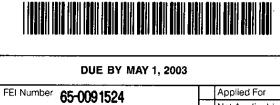
2. Principal Place of Business

Mailing Address
1301 S.W. 10TH AVENUE, BLDG. J DELRAY BEACH FL 33444

3. Mailing Address

| • | |
|---|--|
| | |

FILED 03 JAN 30 AM 9: 49 SEURLTARY OF STATE TALLAHASSEE, FLORIDA



| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DUE BY MAY 1, 2003 | | |
|-------------------------------|---|---|---------------------------|-------------------------|---|--|
| City & Sta | te | | City & State | | 4. FEI Number 65-009 1524 Applied For Not Applicable | |
| Zip | | Country | Zip | Country | 5. Certificate of Status Desired \$8.75 Additional Fee Required | |
| | 6. Name | and Address of Current Re | gistered Agent | | 7. Name and Address of New Registered Agent | |
| HINNERŞ, BRIAN J | | | | Name Street Ade | Areas (DO Day Number in Net Assessable) | |
| | | enue, Bldg. J | | Sileer Add | dress (P.O. Box Number is Not Acceptable) | |
| ~DELRAY 1 | BEACH FL | 33444 | | | | |
| | | | | City | FL Zip Code | |
| 8. The above the obligation | named entit tions of regist | y submits this statement for the ered agent. | e purpose of changing its | registered office or re | egistered agent, or both, in the State of Florida. I am familiar with, and accept | |
| SIGNATURE | | | | | | |
| • • • • • • | | or printed name of registered agent and t | | | DATE | |
| | apital Contributions \$4,833,490.00 10. Amount of Capital Coin FLORIDA to date. | | | | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION | |
| | NOTE | : General Partners MAY I | NOT be changed on th | e form; an ameno | GISTERED AND ACTIVE WITH THIS OFFICE. Imment must be filed to change a general partner. | |
| 12. | | GENERAL PARTNER IN | FORMATION | 13. | ADDRESS CHANGES ONLY | |
| DOCUMENT # NAME | | TRACE JOINT VENT. | | STREET ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | | . 10TH AVENUE, BLDG. J BEACH FL 33444 | | CITY-ST-ZIP | | |
| DOCUMENT # NAME | | · · | | STREET ADDRESS | 100010076561 01/14/0301045028 **526 25 | |
| STREET ADDRESS CITY-ST-ZIP | | | | CITY-ST-ZIP | | |
| DOCUMENT # *** NAME | | | | STREET ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | | · | | CITY-ST-ZIP | | |
| DOCUMENT # NAME | | | | STREET ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | | | | CITY-ST-ZIP | | |
| DOCUMENT # NAME | | | | STREET ADDRESS | | |
| STREET ADDRESS | | | | | | |

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 cath; 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

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

278-0053