


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004017 AV

DOCUMENT # A29580 1. Entity Name MARTIN COUNTY BUSINESS PARK, LTD.	
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FILED

2003 MAY 14 PM 2: 31

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business 1350 E. NEWPORT CENTER DR., SUITE 206 DEERFIELD BEACH FL 33442	Mailing Address P.O. BOX 4219 DEERFIELD BEACH FL 33442-4219
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent KAY, JAMES R KAY LAW OFFICES 11505 FAIRCHILD AVE., STE. 203 PALM BEACH GARDENS FL 33410	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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4. FEI Number 65-0170550	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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. \$1,000,000.00	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 # L29787 NAME PRESTA I, INC. STREET ADDRESS 1350 E. NEWPORT CENTER DR., SUITE 206 CITY-ST-ZIP DEERFIELD BEACH FL 33442	STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; font-size: 0.8em;"> 300018946143 05/14/03--01069--001 **535.00 </div>

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

CR2E003 (10/02)

SAMPLE CHECK HERE