


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021563 IN

<b>DOCUMENT # A29919</b> 1. Entity Name <b>MARIE PARTNERS, LTD.</b>	
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FILED  
 03 APR -8 PM 2: 34 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 03 APR -8 PM 2: 36  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business P.O. BOX 3006 MAYAGUEZ 00681-3006 PUERTO RICO	Mailing Address P.O. BOX 3006 MAYAGUEZ 00681-3006 PUERTO RICO
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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<b>DUE BY MAY 1, 2003</b>
4. FEI Number <b>65-0177670</b>
<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
ARROYO, NANCY ARROYO PROFESSIONAL ASSOCIATION 6701 SUNSET DRIVE, SUITE 104 MIAMI FL 33143

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. <b>\$401,000.00</b>
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10. Amount of Capital Contributions in FLORIDA to date.
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**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
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>FERNANDO L. SUMAZA CARRETERA 64 EDIFICIO 3060 MAYAGUEZ, PUERTO RICO 00680 PR</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>DIANA SANTOS DE SUMAZA CARRETERA 64 EDIFICIO 3060 MAYAGUEZ, PUERTO RICO 00680 PR</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13.	ADDRESS CHANGES ONLY
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	<b>000015422580</b> <b>04/08/03--01094--007 **535.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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

<b>SIGNATURE:</b>	 <b>SIGNATURE REQUIRED</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	4/2/2003 <small>Date</small>	787-831-6030 <small>Daytime Phone #</small>
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CR2E003 (10/02)