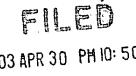
2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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1. Entity Name
THE GLEN OF WINTER PARK FINANCIAL, LTD.







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3801 PGA BLVD SUITE 508 3801 PGA BLVD SU		Mailing Address C/O DARYL CRAMER & ASS 3801 PGA BLVD SUITE 508 PALM BEACH GARDENS FL	JITE 508		03 APR 30 PM 10: 5		
Principal Place of Business 3. Mailing Address					BIBN BIBN BIBN BIBN BIBN 188)		
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2003		
City & Stat	City & State City & State				4. FEI Number 65-0578379	Applied For Not Applicable	
Zip	Country	Zip .	Country				
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered	Agent	
DADVI CI	RAMER & ASSOCIATES, P.A.		Nam	Name Daryl Cramer & Associates, P.A.			
	TH FLAGLER DRIVE, SUITE 910		Stree	Street Address (P.O. Box Number is Not Acceptable)			
_				3801 PGA Boulevard			
WEST PA	LM BEACH FL 33401			Suit	e 508		
.	City				Beach Gardens Fl	Zip Code	
		the purpose of changing its re	egistered office	or registere	d agent, or both, in the State of Florida. I am		
·	ions of registered agent.	· ·	Dar	yl B. (Cramer /ki //v	(-3	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable.			DATE		
9. Capital Co as Shown		10. Amount of Capital in FLORIDA to dat		\$1,971	,640.00 11. MAKE CHECK PAYABLE SEE REVERSE SIDE FO		
•	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS ENT Y NOT be changed on the	TITY MUST B e form; an ai	E REGISTI mendment	ERED AND ACTIVE WITH THIS OFFIC must be filed to change a general pa	E. rtner.	
12. GENERAL PARTNER INFORMATION			13.	ADDRESS CHANGES ONLY			
DOCUMENT / L99296 NAME SUSSEX FINANCIAL CORP.		STREET ADDRES	≋ 380	1 PGA Boulevard, Suite 5	508		
STREET ADDRESS CITY-ST-ZIP	515 NORTH FLAGLER DRIVE, SUITE 910 WEST PALM BEACH FL 33401		CITY-ST-ZIP	Pal	Palm Beach Gardens, FL 33410-2758		
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NAME STREET ADDRESS				<u></u>			
CITY-ST-ZIP			CITY-ST-ZIP				
14. I hereby o	sertify that the information supplied with	this filing does not qualify for the	ne exemption s	tated in Sec	tion 119 07(3)(i) Florida Statutes I further ce	rtify 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:

STAPLE CHECK HEKE

LOCA REFEABRIZIO Lucchese

905-882-1212

Daytime Phone #