**2003 LIMITED PARTNERSHIP** UNIFORM BUSINESS REPORT (UBR

> Mailing Address P.O. BOX 2771 PALM BEACH FL 33480

3. Mailing Address

## A30442 **DOCUMENT #**

1. Entity Name

Principal Place of Business 324 ROYAL PALM WAY, STE. 231

2. Principal Place of Business

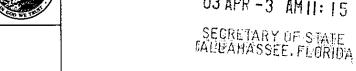
PALM BEACH FL 33480 -

STUART CENTER ASSOCIATES, LTD.



APPROVE ANU

03 APR -3 AMII: 15



Suite, Apt. #, etc.			Suite, Apt. #, etc.				DUE BY MAY 1, 2003				
City & State			Ci	City & State			4. FEI Number 65-0228233			Applied For Not Applicable	
Zip		Country	Ziş	0	Coun	try	5. Certificate o	f Status Desired		8.75 Additional see Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
HAISFIELD, RANDY						Name					
324 ROYAL PALM WAY, STE. 231						Street Address (P.O. Box Number is Not Acceptable)					
PALM BEACH FL 33480											
						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 ag	ent and title if a	pplicable.					DATE		
9. Capital Contributions as Shown on record. \$10.00 in FLORIDA to date						outions				O FL. DEPT. OF STATE 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							ADDRESS CHANGES ONLY				
DOCUMENT # NAME	S.C.A. & COMPANY, INC. ET ADDRESS 324 ROYAL PALM WAY, STE. 231					ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP					
DOCUMENT # NAME					STRE	ET ADDRESS	<b>60</b> : 04/03/	001528 89-869-7	:227 nn: *	'6 *idi oc	
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP					
DOCUMENT # NAME					STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP					
14. I hereby o	certify that th	e information supplied v	vith this filin	g does not qualify for	the exe	mption stated in	Section 119.07(3)(i)	, Florida Statutes. I fu	rther certif	y 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:**