UNIFORM BUSINESS REPORT (UBR)							
DOCUMENT # A30449  1. Entity Name						_	
AMADEUS PLAZA, LTD.					FILED		
Principal Plac	ce of Business	Mailing Address		TO WE THE	03 MAR	26 PM I2: 39	
		175 TÖNEY PENNA DR.	EY PENNA DR.		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
JUPITER FL 33458 JUPITER		JUPITER FL 33458	JPITER FL 33458				
Principal Place of Business     .      Mailing Address .						811 81811 91913 91951 81913 83911 91911 1891	
Suite, Apt.	.#. etc. Regata	Suite, Apt. #, etc.	199 Regatta		DUE BY MAY 1, 2003		
City & State		Suprter FL 33477		4. FEI Number 65-0217313	Applied For Not Applicable		
3347	Country P. B.	33477	Country	B '	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent		Nomo	7. Name and Address of New Regi	stered Agent	
/AMADEUS	S PLAZA MANAGEMENT, INC.		Name J. L. S Street Address (F	5.45 NevsimaL			
• 175 TONEY PENNA DR.							
STE. #207				199 Regatta			
JUPITER FL 33458				City Tuniter FL Zip Code (33477			
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 profited name of registered agent and title if applicable.							
9. Capital Contributions as Shown on record. \$800,039.00 10. Amount of Capital Contributions in FLORIDA to date.				itions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
AGENERAL 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	NFORMATION	13.		ADDRESS CHANG	SES ONLY	
DOCUMENT # NAME	L90220 AMADEUS PLAZA MGMT., INC			STREET ADDRESS 199 Regarde			
STREET ADDRESS CITY-ST-ZIP	175 TONEY PENNA DR. JUPITER FL 33458	200	CITY-S	T-ZIP	upiter Fl. 3	33477	
DOCUMENT #			STREET	ADDRESS			
NAME STREET ADDRESS			CITY-SI	<u> </u>		ormy ormy from oran	
CITY-ST-ZIP  DOCUMENT #			<del> </del> -	-	80001363. <del>0-03/06/0301059</del>	2338 <del>10 **150.00                                  </del>	
NAME STREET ADDRESS		to experience and the second		ADDRESS	80001363		
CITY_ST-ZIP DOCUMENT #			CITY-SI	1-219	03/26/03=00033-30	Married Tourist Transport Transport Barrier Barrier	
NAME STREET ADDRESS			STREET	ADDRESS			
CITY-ST-ZIP		***	CITY-ST	T-ZIP	<u> </u>		
DOCUMENT # NAME			STREET	ADDRESS	<del></del>		
STREET ADDRESS CITY-ST-ZIP			CITY-S1	T-ZIP			
DOCUMENT # NAME			STREET	ADDRESS			
STREET ADDRESS CITY-ST-ZIP		****	CITY-ST				
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 \$20, Florida Statutes							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  Detail Description of Destrict Phone of Phone							