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

| 1. Entity Nan   | MENT # A30859<br>HOLDINGS, LTD.                          |   |                  | FILED<br>SECRETARY OF STATE<br>SISION OF CORPORATIO<br>3 JAN 24 AM 9: 3  |                | 128                           |  |
|---|--|---|------------------|--|----------------|-------------------------------|--|
| Principal Plac<br>15550 KILBIRN<br>FORT MYERS   | e of Business<br>IIE DRIVE<br>FL 33912                   | Mailing Address<br>15550 KILBIRNIE DRIVE<br>FORT MYERS FL 33912 |                  |  |                |                               |  |
| 2. Principal Place of Business 3. Mailing Address   |  |   |                  | 1 (EBIES) 100E (1)   0038 (1)   0041 (1)   015 |                |                               |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |  |   |                  | DUE BY MAY 1, 2003   |                |                               |  |
| City & State  |  | City & State  |                  | 4. FEI Number 65-0230  | 774            | Applied For<br>Not Applicable |  |
| Zip   | Country  | Zip   | Country          | 5. Certificate of Status Des   |                | 3.75 Additional               |  |
|   | 6. Name and Address of Current F                         | Registered Agent  |                  | 7. Name and Address of New Registered Agent  |                |                               |  |
| KRAMER,   | ROBERT M   |   | Name             | Name   |                |                               |  |
| 15550 KILBIRNIE DRIVE   |  |   | Street Address   | Street Address (P.O. Box Number is Not Acceptable)   |                |                               |  |
| FORT MYERS FL 33912   |  |   |                  |  |                |                               |  |
|   |  |   | 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 agent at  | nd titte if applicable  |                  | ·  | DATE           |                               |  |
| 9. Capital Co<br>as Shown   | ntributions \$330,000.00                                 | 10. Amount of Capital C<br>in FLORIDA to date                   |                  |  |                |                               |  |
|   | A GENERAL PARTNER TI<br>NOTE: General Partners MAY       | HAT IS A BUSINESS ENTITY NOT be changed on the                  | TY MUST BE REGIS | STERED AND ACTIVE WITH   | HTHIS OFFICE.  | er .                          |  |
| 12.   | GENERAL PARTNER  |   | 13.              |  | S CHANGES ONLY |                               |  |
| DOCUMENT #<br>NAME  | WOLKEN, GERALD 15550 KILBIRNIE DRIVE FORT MYERS FL 33912 |   | STREET ADDRESS   |  |                | ·                             |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |   | CITY-ST-ZIP      | COOC10   | 20405          |                               |  |
| OCUMENT #   |  |   | STREET ADDRESS   | <del>600010704856</del><br>01/24/0301103012 **526.25   |                |                               |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | Security 1 1 1 1 1 1                                     | CITY-ST-ZIP   |                  |  | 1 1 1 m        |                               |  |
| DOCUMENT #<br>NAME  |  |   | STREET ADDRESS   |  |                |                               |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |   | CITY-ST-ZIP      |  |                |                               |  |
| OCUMENT #   |  |   | STREET ADDRESS   |  | •              |                               |  |
| TREET ADDRESS<br>CITY-ST-ZIP  |  | . •   | CITY-ST-ZIP      |  |                |                               |  |
| OCUMENT #   | , ,  |   | STREET ADDRESS   |  |                | , .                           |  |
| TREET ADDRESS ;<br>City-St-Zip  | •  |   | CITY-ST-ZIP      |  |                |                               |  |
| OCUMENT #   |  |   | STREET ADDRESS   |  |                | , .                           |  |
| TREET 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

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL

G. h. WOLKEN

Daytime Phone #

CR2E003 (10/02)