

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003123 AV

DOCUMENT # A32635



1. Entity Name
B & F PURCHASING LTD.

FILED

03 MAR 20 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**9868 SANDALFOOT BLVD.
BOCA RATON FL 33428**

Mailing Address
**505 S. FLAGLER DRIVE, SUITE 401
WEST PALM BEACH FL 33401
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

DUE BY MAY 1, 2003

4. FEI Number **65-0314358** Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEST RIDGE SOUTH, INC.
505 S. FLAGLER DRIVE, SUITE 401
WEST PALM BEACH FL 33401**

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$10.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # **V17888**
NAME **WEST RIDGE SOUTH, INC.**
STREET ADDRESS **505 S. FLAGLER DRIVE, SUITE 401**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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**600014386536
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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: *RECEIVED* FARMSON 3/17/03 561-832-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)