


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007837 AT

DOCUMENT # <b>A92000000127</b>		
1. Entity Name <b>MH, LTD.</b>		

**FILED**

**03 APR 22 AM 8:47**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJM**

Principal Place of Business <b>300 INTERNATIONAL PKWY., STE. 184 HEATHROW FL 32746</b>	Mailing Address <b>300 INTERNATIONAL PKWY., STE. 184 HEATHROW FL 32746</b>
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2. Principal Place of Business		3. Mailing Address		<b>DUE BY MAY 1, 2003</b>  4. FEI Number <b>59-3152443</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

<b>6. Name and Address of Current Registered Agent</b>  <b>LUBINSKY, TERRY M</b> <b>300 INTERNATIONAL PKWY., STE. 184</b> <b>HEATHROW FL 32746</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. <b>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>LUBINSKY, TERRY M</b> <b>300 INTERNATIONAL PKWY., STE. 184</b> <b>HEATHROW FL 32746</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #	<b>CANNON, FRANK J</b> <b>300 INTERNATIONAL PKWY., STE. 184</b> <b>HEATHROW FL 32746</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			

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**04/22/03--01049--021 \*\*141.25**

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

<b>SIGNATURE:</b> <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	<b>4-11-03</b> Date	<b>407-804-8949</b> Daytime Phone #
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STAPLE CHECK HERE

CR2E003 (10/02)