


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010851 AT

DOCUMENT # A94000000826

1. Entity Name
LAND 1 (ONE), LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 30 PM 4: 14

WJ
1/31

Principal Place of Business C/O JOSE VALLE 7305 SW 107 AVE MIAMI FL 33173	Mailing Address C/O JOSE VALLE 7305 SW 107 AVE MIAMI FL 33173
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DUE BY MAY 1, 2003

City & State	City & State
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4. FEI Number 65-0499179	Applied For
	Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**VALLE, JOSE
7305 SW 107 AVE
MIAMI FL 33173**

7. Name and Address of New Registered Agent

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. \$250,000.00
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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	
DOCUMENT #	P94000045966
NAME	VALLE FAMILY PROPERTIES, INC.
STREET ADDRESS	3200 PONCE DE LEON BLVD., 2ND FLOOR
CITY-ST-ZIP	CORAL GABLES FL 33134
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	7305 SW 107 Ave
CITY-ST-ZIP	Miami FL 33173
STREET ADDRESS	
CITY-ST-ZIP	700011402207 01/30/03--01062--004 **535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET 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: *Jose Valle* **SIGNATURE REQUIRED** 1-31-03 305477-1196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)