


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**FILED**  
03 MAR 31 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0012053 AT

<b>DOCUMENT #</b> <b>A94000001051</b>	
<b>1. Entity Name</b> OCEAN 7 <sup>th</sup> ENTERPRISES, LTD.	

<b>Principal Place of Business</b> 15701 78TH DRIVE NORTH PALM BEACH GARDENS FL 33418	<b>Mailing Address</b> 15701 78TH DRIVE NORTH PALM BEACH GARDENS FL 33418
---	---



<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>DUE BY MAY 1, 2003</b>	
<b>4. FEI Number</b> 65-0504013	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	
ROZZO, TODD S 15701 78TH DRIVE NORTH PALM BEACH GARDENS FL 33418	

<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable.      **DATE** \_\_\_\_\_

<b>9. Capital Contributions</b> as Shown on record. <b>\$2,000,000.00</b>	<b>10. Amount of Capital Contributions</b> in FLORIDA to date: _____	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE</b> 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 #	ROZZO, TODD S TRUSTEE
NAME	15701 78TH DRIVE NORTH
STREET ADDRESS	PALM BEACH GARDENS FL 33418
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	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000014954640
CITY-ST-ZIP	04/01/03--01004--010    **526.25
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:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**      **3/26/03 561-735-0891**      **DATE**      **DAYTIME PHONE #**

CF2E003 (10/02)