2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

Suite, Apt. #, etc.

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1. Entity Name

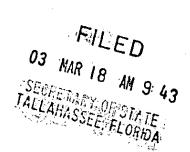
MADRUGA HOLDINGS, LTD.

2. Principal Place of Business

Suite, Apt. #, etc.



Principal Place of Business % LEE M. CASLER Mailing Address % LEE M. CASLER 10830 SW 29TH PLACE 10830 SW 29TH PLACE DAVIE FL 33328 DAVIE FL 33328





Suite, Apt. #, etc. Suite, Apt. #, etc.		eiG.		DUE BY MAY 1, 2003						
City & State		City & State	City & State			4. FEI Number 65-0523324 Applied				
						No				
Zip		Country	Zip	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
					Name					
KRAMER, ROBERT M C/O KRAMER, GREEN & ZUCKERMAN, P.A.					Street Address (P.O. Box Number is Not Acceptable)					
					Street Address (r. O. Box Halling In Not Address)					
4000 HOLL	YWOOD B	ILVD., SUITE 485 SO.								
HOLLYWOOD FL 33021					City FL Zip Code					
8. The above i	named entity	v submits this statement for	r the purpose of cha	anging its register	ed office or regis	stered agent, or both	in the State of Florida. I am	familiar w	ith, and accept	
the obligation	ons of regist	ered agent.	. ,							
DIONIATUDE										
SIGNATURE -	Signature, typed or printed name of registered agent and title if applicable.				DATE				TOT OF STATE	
	9. Capital Contributions \$10,000.00 In FLORIDA to date				ibutions	outions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE BEVERSE SIDE FOR FEE INFORMATION				
as Shown o		OCHERAL PARTIER					TIVE WITH THIS OFFICE			
	NOTE	GENEHAL PARTNER : General Partners M/	AY NOT be chang	jed on the form	n; an ame <u>ndm</u>	ent must be filed	to change a general par	wiei.		
12.		GENERAL PARTNE		13.			ADDRESS CHANGES ON	ILY		
DOCUMENT #		· · · · · · · · · · · · · · · · · · ·		STR	REET ADDRESS					
NAME	CASLER,									
STREET ADDRESS	10830 SW			CIT	CITY-ST-ZIP					
CITY-ST-ZIP	DAVIE FL	33328				<u> </u>	<u></u>	<u> </u>		
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CITY-ST-ZIP		110				<u> </u>	-			
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44 15	Cortify that th	ne information supplied wi	th this filing does not	t qualify for the ex	emption stated in	n Section 119.07(3)(i), Florida Statutes. I further co that I am a General Partner (ertify that	the information	

required by Chapter 620, Florida Statutes the receiver or trustee empowered to execute this report

SIGNATURE: