


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003949 AV

DOCUMENT # A95000000016 1. Entity Name CONDOMANIA LTD.	
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FILED

03 APR 28 AM 11:20



Principal Place of Business 263 GOOLSBY BLVD. DEERFIELD BEACH FL 33442	Mailing Address 263 GOOLSBY BLVD. DEERFIELD BEACH FL 33442
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2. Principal Place of Business	3. Mailing Address	DUE BY MAY 1, 2003	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0617035	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GLOVER, CHARLES 263 GOOLSBY BLVD. DEERFIELD BEACH FL 33442	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** _____

9. Capital Contributions as Shown on record. \$35,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">DOCUMENT #</td><td>P94000084615</td></tr> <tr><td>NAME</td><td>SOUTHERN INVESTORS MANAGEMENT INC.</td></tr> <tr><td>STREET ADDRESS</td><td>1676 W. HILLSBORO BLVD.</td></tr> <tr><td>CITY-ST-ZIP</td><td>DEERFIELD BEACH FL 33442</td></tr> </table>	DOCUMENT #	P94000084615	NAME	SOUTHERN INVESTORS MANAGEMENT INC.	STREET ADDRESS	1676 W. HILLSBORO BLVD.	CITY-ST-ZIP	DEERFIELD BEACH FL 33442	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	STREET ADDRESS		CITY-ST-ZIP	
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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: *John Spivey* **SIGNATURE REQUESTED** 4/15/03 (954) 481-5039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)