2003 LIMITED PARTNERSHIP

UI	NIFORM BU	SINE	SS REPO	RT (UBR	2)			
DOCU 1. Entity N. MARC	UMENT # A S 00 MGROUP LTD.		000513			DIVISION OF CORPORATIONS LAC 03 FEB 11 PM 1:16 Z//3		
Principal Place of Business C/O SOUTHEAST CENTERS TILLINGHAST LICH 1541 SUNSET DR STE. 300 CORAL GABLES FL 33143 Mailing Address TILLINGHAST LICH **NORMAN ORODI **PROVIDENCE Ri 0				PERKINS SMITH & COHEN LP NKER/10 WEYBOSSET ST 10TH FL 903				
2. Principal	Place of Business		3. Mailing Address					
Suite, Ap			Suite, Apt. #, etc.			DUE BY MAY 1, 2003		
City & Sta			City & State			4. FEI Number 13-3840365 Applied Not App		
	Country		Zip	Country		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			
AXELROD, ALAN D C/O BILZIN SUMBERG DUNN & AXELROD LLP 2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131					Street Address (P.O. Box Number is Not Acceptable)			
				City				
SIGNATURE	Signature, typed or printed name of rec			registered office or	registere	ed agent, or both, in the State of Florida. I am familiar with, and ac	cept	
9. Capital Co as Shown	9. Capital Contributions as Shown on record. \$65,246.00			Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE		
	A GENERAL PA NOTE: General Par	RTNER THA tners MAY N	T IS A BUSINESS EN IOT be changed on th	TITY MUST BE R	REGISTE	ERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.	*	
12.	GENERAL P95000017660	PARTNER INF	ORMATION	13.		ADDRESS CHANGES ONLY	_	
DOCUMENT # NAME STREET ADDRESS	MARCO MGP CORP. %NORMAN G ORODENI	KER/10 WFYI	ROSSET ST 10ELB	STREET ADDRESS				
CITY-ST-ZIP	PROVIDENCE RI 02903			CITY-ST-ZIP				
NAME Street address			·	STREET ADDRESS				
DOCUMENT #				CITY-ST-ZIP		- 2900107 01172		
NAME STREET ADDRESS	·			STREET ADDRESS		290010701172 01/24/0301086003 **437.50)	
OCUMENT#				CITY-ST-ZIP				
IAME Treet address				STREET ADDRESS		200010701172 02/11/0301025012 **88.75		
CITY-ST-ZIP DOCUMENT #		 		CITY-ST-ZIP				
TREET ADDRESS				STREET ADDRESS			_	
OCUMENT #		<u> </u>		CITY-ST-ZIP			.	
AME TREET ADDRESS TY-ST-ZIP			•	STREET ADDRESS CITY-ST-ZIP			\Box	
01 28				2011-01-7E		•	ĺ	

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 frue 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

Marco MCP Corr SIGNATURE: By Company of Signature and the Doronden Ne of Signature and 1/13/03

CITY

401-456-1200, x333