2003 LIMITED PARTNERSHIP

STAPLE CHECK HERE

UN	IFORI	M BUSINE	ESS REPOR	T (UBR)					
1. Entity Nam	MENT :		0001158			FIES			
						03 APR 24	AM 10: 54		
Principal Plac 5855 PADDING BOCA RATON			Mailing Address 5855 PADDINGTON WAY BOCA RATON FL 33496	5855 PADDINGTON WAY		SBUME AT THE TALL MINES OF THE SERVICE AT THE SERVI	FLORIDA.		
2. Principal Place of Business 3. Mailing Address 700 South FEDERAL HWY 700 South F				ZAZAN III.I					
Suite, Apt.	#, etc.	COL HW	700 South Feorem. Hwy Suite, Apt. #, etc.		1	DUE BY	MAY 1, 2003		
<u> </u>			Suite 200 (LBS) City & State		4. FEIN	4. FEI Number 65-0597317 Applied For			
BOCA RATON FL Zip Country		BOCA RATION, FL Zip Country					Not Applicable 75 Additional		
3343		USA	33432	USA		ficate of Status Desired	Fee	Required	
		nd Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent Name				
STEINBERG, LAWRENCE B 5855 PADDINGTON WAY					Street Address (P.O. Box Number is Not Acceptable)				
	IDINGTON W TON FL 3349	•		-					
500,(10.				700 City	SOUTH FE	deral itwy,	SUITE 2	Zin Code	
9 The shove	named entity	cultimite this statement for	or the purpose of changing its	BOCA		or both, in the State of Flo	orida Lam famil	33432	
	ions of register		, the purpose of changing its	registered office of re	agistered agent, v			ar with, and accept	
SIGNATURE -	(XXX)		LAWRENCE B. S	FEW BERG			1/15/03		
9. Capital Contributions as Shown on record. \$514,500.00 10. Amount of Capital Contributions in FLORIDA to date.					- , 			FL. DEPT. OF STATE	
as snown	A G	ENERAL PARTNER 1	THAT IS A BUSINESS EN	ITITY MUST BE RE	GISTERED A	ND ACTIVE WITH TH	IS OFFICE.	E INFORMATION	
NOTE: General Partners MAY NOT be changed on the form; an arm 12. GENERAL PARTNER INFORMATION 13.					dment must be			r.	
DOCUMENT #	P95000027434 NORTHSTAR ACQUISTION CORP.			 					
NAME Street address				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP	-2P 				
DOCUMENT # NAME				STREET ADDRESS	04/	04/24/0301085001 **\$26.25			
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CITY-ST-ZIP		<u> </u>		CHT+SI-ZIF					
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STREET ADDRESS CITY-ST-ZIP						71			
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STREET ADDRESS CITY-ST-ZIP	,			CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		
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NAME STREET ADDRESS				₽					
CITY_ST_7IP				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

4/15/03 (561)393-5660

HE THE FLOW SCHOOL REPORT AS EQUITED BY CHAPTER OZU, FIDING STATUTES

LIGHTLE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER