2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

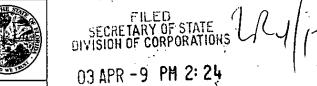
DOCUMENT #	A95000001591					

1. Entity Name SHINEFIELD FAMILY LIMITED PARTNERSHIP



Principal Place of Business 1111 CRANDON BLVD., APT. B301 KEY BISCAYNE FL 33149

Mailing Address SIMON TAPPER & EDELMAN CPA'S 2 UNIVERSITY PLAZA. SUITE #502 HACKENSACK NJ 07601





2. Principal Place of Business 3		3. Mailing Address			1 (153/24) (2124 (2124 2144) anvit anvit 2014) anvit 2012 (1124 2149 1219)					
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2003					
City & State City & State					4. FEI Number	05 002 1037		Applied For Not Applicable		
Zip	-	Country	Zip	Count	try	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					
SHINEFIELD, JEANNE				Name						
1111 CRANDON BLVD., APT. B301			Street Address (P.O. Box Number is Not Acceptable)							
KEY BISCAYNE FL 33149										
					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.										
Ü	ons or registi	ered agent.								
SIGNATURE -	Signature, typed	or printed name of registered agent a	nd title if applicable.				DATE			
9. Capital Contributions as Shown on record. \$170,000.00 In FLORIDA to date.				outions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
	A (GENERAL PARTNER T	HAT IS A BUSINESS EN Y NOT be changed on t	ITITY M	UST BE REG	ISTERED AND AC	TIVE WITH THIS OFFICE to change a general p	CE. artner.		
12. GENERAL PARTNER INFORMATION 13.						ADDRESS CHANGES ONLY				
DOCUMENT / SHINEFIELD. JEANNE			STRE	EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 1111 CRANDON BLVD., APT. B301			CITY-	-ST-ZIP	700015551047				
DOCUMENT # NAME	SHINEFIELD FAMILY TRUST C/O ALFRED SIMON 2 UNIVERSITY PLAZA			STRE	ET ADDRESS	04/09/0301032019 **526.25				
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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

CITY-ST-ZIP

CITY-ST-ZIP