


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012887 AT

<b>DOCUMENT #</b> A95000001670	
1. Entity Name <b>DOWNTOWN CAPITAL, LTD.</b>	

**FILED**

03 MAY -6 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>2105 LAVERS CIRCLE. APT. 200 DELRAY BEACH FL 33444</b>	Mailing Address <b>2105 LAVERS CIRCLE. APT. 200 DELRAY BEACH FL 33444</b>
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2. Principal Place of Business <b>16900 North Bay Road</b>	3. Mailing Address <b>171 Boul De Mortague</b>
Suite, Apt. #, etc. <b>Suite 1815</b>	Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State <b>Sunny Isles Beach, FL</b>	City & State <b>Boucherville, Quebec</b>
Zip <b>33160</b>	Zip <b>J4B 6G4</b>
Country <b>USA</b>	Country <b>Canada</b>

4. FEI Number <b>65-0617370</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>
<b>GAETAN, MORIN</b>
<b>7105 VIA FIRENZE</b>
<b>BOCA RATON FL 33433</b>

<b>7. Name and Address of New Registered Agent</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$2,683,416.00</b>	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	
DOCUMENT #	<b>P95000084141</b>
NAME	<b>DOWN CAPITAL, INC.</b>
STREET ADDRESS	<b>2105 LAVERS CIRCLE, APT. 200</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33444</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>16900 North Bay Road, Suite 1815</b>
CITY-ST-ZIP	<b>Sunny Isles Beach, FL 33160</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>800018292768</b>
CITY-ST-ZIP	<b>05/06/03--01050--025 **526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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

**Francois Vallet**

**SIGNATURE: ✓ SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

May 1, 2003

Date

**(561)543-2262**

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE