

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A95000001793**
1. Entity Name
BERNEX OPTION INCOME FUND, LTD.



FILED

03 JAN -8 PH 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**3500 INTERNATIONAL PLACE
100 S.E. SECOND STREET
MIAMI FL 33131-2130**

Mailing Address
**5760 S.W. 130TH TERRACE
PINECREST FL 33156**

2. Principal Place of Business
2900 International Place

3. Mailing Address

Suite, Apt. #, etc.
100 S.E. 2nd St.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
MIAMI, FL

City & State

4. FEI Number **65-0628467**

Applied For
Not Applicable

Zip
33131

Country
USA

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERMAN, NEIL J
~~3500~~ **INTERNATIONAL PLACE**
100 S.E. SECOND STREET
MIAMI FL 33131-2130

Name
Street Address (P.O. Box Number is Not Acceptable)
2900 International Place
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 *Neil J. Berman, Pres. of Bernex Capital Management Corp.* **General Partner** DATE **1/10/03**

9. Capital Contributions as Shown on record. **\$10,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # **P95000029786**
NAME **BERNEX CAPITAL MANAGEMENT CORP.**
STREET ADDRESS **5760 S.W. 130TH TERRACE**
CITY-ST-ZIP **PINECREST FL 33156**

STREET ADDRESS
CITY-ST-ZIP

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M THOMAS

DOCUMENT #
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CITY-ST-ZIP

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.

SIGNATURE: *Neil J. Berman* **NEIL J. BERMAN, ITS President** DATE **1/10/03** DAYTIME PHONE # **905.577.4175**

CR2E003 (10/02)

STAPLE CHECK HERE