561 964 650 1 Daytime Phone #

## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SIGNATURE PEOLUTED
SIGNATURE AND TYPED OF PRATTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

SIGNATURE: -

DOCUMENT # A9500001978  1. Entity Name PBG HOMES, LIMITED						FILLED  103 MAY 114 IPM IN 30		
Principal Place of Business 1985 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415			Mailing Address 1985 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415			SECRETARY OF STATE  JALLAHASSEE, FLORIDA		
2. Principal Place of Business 3. Mailing Address						T 1 (1906)) KALD (DITA TIKU BENA BUNI BUNI BUNI BUNI B	ETRY TIBLE TERIK TEREK KONT 1841 1841	
Suite, Apt. #, etc. Suite, Apt. #, etc.						DUE BY MAY 1, 2003		
City & State			City & State			4. FEI Number 65-0644934	Not Applicable	
Zip	Zip Country		Zip	Country			\$8.75 Additional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
RAUCH, HARRY					Name			
1985 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415					Street Address (P.O. Box Number is Not Acceptable)			
					City Zip Code			
8. The above named entity submits this statement for the ournose of changing its re-					gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.								
9. Capital Co		\$9,500.00	10. Amount of Capit	ibutions	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 torm; an amendment must be filed to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY								
DOCUMENT # P95000079326						ADDITEGG GENERALES ONE		
NAME		ISLES, INC.	SIF		REET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	1985 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415			CITY	Y-ST-ZIP	800018847438 05/14/0301/02021 ***155.25		
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NAME STREET ADDRESS CITY-ST-ZIP				CITY	/-ST-ZIP			
14. Thereby 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								