

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001814 AT

DOCUMENT # A95000001991

1. Entity Name
PETERSON EQUITIES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 30 AM 8:09

Principal Place of Business
712 US HWY ONE
SUITE 301-33
NORTH PALM BEACH FL 33408

Mailing Address
P.O. BOX 13139
NORTH PALM BEACH FL 33408



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0629404	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PETERSON, ROSLYN E 5380 NORTH OCEAN DRIVE, APT. 4-D RIVIERA BEACH FL 33404-2538		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. \$2,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000087254	STREET ADDRESS	800016122768
NAME	PAVILION OFFICE CENTER, INC.	CITY-ST-ZIP	06/30/03--01004--007 **88.75
STREET ADDRESS	5380 N. OCEAN DR., APT 4D		
CITY-ST-ZIP	RIVIERA BEACH FL 33404-2538		
DOCUMENT #		STREET ADDRESS	800016122768
NAME		CITY-ST-ZIP	04/16/03--01067--010 **437.50
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.

SIGNATURE: PETERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date _____ Daytime Phone # _____

CR2E003 (10/02)

STAPLE CHECK HERE