2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9500002050

1. Entity Name CARRIER GROUP, LTD.



Principal Place of Business 5411 SW 39 AVENUE DANIA BEACH FL 33312 Mailing Address 5411 SW 39TH AVE. FT LAUDERDALE FL 33312 FILED

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SEGNETARY OF STATE
TABLEAHASSEE, FLORIDA



4208 N. 31 ST Avenue 3. Mailing Address 4208 N. 31			5T Avenue						
Suite, Apt		Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & Sta	wood, FC	City & State HO I V WOOO F (4. FEI Number NOT APPLICABLE Applied For Not Applicable				
zip ₹33	BOZI Browner	Zip 3302 (Country BYOUXI	-d	5. Certificate of	of Status Desired		\$8.75 Fee Re	Additional quired
		7. Name and Address of New Registered Agent							
DANIELS,	Name								
ONE SE :	Street A	Street Address (P.O. Box Number is Not Acceptable)							
NINAMITE									
	City	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.									
SIGNATURECULL SEED									
	Signature, typed or printed name of registered agent and			-		DATE			
9. Capital Co as Shown	l Contributions ite.	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				ADDRESS CHANGES ONLY					
DOCUMENT # NAME	P95000097020 GCA NOR-CAR, INC.	·	STREET ADDRESS	47	08 N.	315T A	HW	حصا	#1
STREET ADDRESS CITY-ST-ZIP	ADDRESS 5411 SW 39 AVENUE			HOINWOOD, FC 33021					
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			J.,						1

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/3/03 (954) 985-1120

Daytime Phone (

CR2E003 (10/02)