


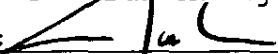
141-25

FILED

03 MAY -1 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # A96000000445</b>					
1. Entity Name <b>MELENA DEL SUR LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>ONE NORTH CLEMATIS STREET, 2ND FLOOR WEST PALM BEACH, FL 33401</b>			Mailing Address <b>P.O. BOX 3435 WEST PALM BEACH, FL 33402</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0804895</b>	
6. Name and Address of Current Registered Agent <b>KLOCK, JOSEPH P JR. 200 SOUTH BISCAYNE BLVD., SUITE 4000 MIAMI, FL 33131-2398</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent				Applied For Not Applicable	
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 _____					
9. Capital Contributions as Shown on record. <b>\$2,000.00</b>					
10. Amount of Capital Contributions in FLORIDA to date.					
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 #	P96000020618		STREET ADDRESS		
NAME	MELENA DEL SUR MANAGEMENT COMPANY		CITY - ST - ZIP		
STREET ADDRESS	ONE NORTH CLEMATIS STREET, 2ND FLOOR				
CITY - ST - ZIP	WEST PALM BEACH, FL 33401				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			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.					
Melena Del Sur Management Company, GP					
SIGNATURE: By: 			04.29.03 355 577-2877		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

CR2003 (10/02)

500018939115  
05/14/03--01044--001 \*1476.25