2003 I	LIMITED PARTNERS!	MIP
UNIFORM	<b>BUSINESS REPORT</b>	' (UBR)
DOCUMENT #	A9600001001	A
1. Entity Name		



Principal Place of Business 2600 FIORE WAY. BLDG 9 #101 DELRAY BEACH FL 33445

City & State

PARKEAND

O.T.B. LIMITED PARTNERSHIP

Mailing Address 2600 FIORE WAY, BLDG 9 #101 DELRAY BEACH FL 33445

City & State

PARKLAND

33067

FILED 03 MAY -6 PM 8: 47

SECRETARY OF STATE TALLAHASSEE FLORIDA

Applied For

Not Applicable

2. Principal Place of Business 6032 NW 73 ROCT.	3. Mailing Address 6032 NW 73 CT.	1 (2010): 1010 10110 01111: 00111 00111 00111 10111 10111 10111 10111 00111 00111 00111
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DUE BY MAY 1, 2003

FL

33467	BROWARD	33067
. 6.	Name and Address of Currer	nt Registered Agent
F.S.A. CONCER	PTS, INC.	
2600 FIORE W	AY, BLDG 9 #101	
DELRAY BEACI	f FL 33445	

Country BROWARD	5. Certificate of Statu	s Desired		\$8.75 Additional Fee Required
-	7. Name and Addres	s of New Reg	istere	d Agent
Name 6227	Enterprises	INC.		• • • • • • • • • • • • • • • • • • •
Street Addres	ss (P.O. Box Number is Not	Acceptable)		
6037	114173RO C	7		

65-0667577

4. FEI Number

8.	The above named entity submits this statement for the purpose of change	ging its	s registered office or registered agent, or both, in the State	of Florida. I am familiar with, and accer
	the obligations of registered agent.			
		res	G-P	
Q,	Signature, typod or printed name of registered agent and title if applicable			DATE

9. Capital Contributions as Shown on record.

\$891,000,00

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 RUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS DEFICE A 16-VO HWT

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. File 60					
12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY		
DOCUMENT # NAME	<del>P9500047721</del>	STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	-2600 FIORE-WAY BLDG #9 STE 101	CITY-ST-ZIP			
DOCUMENT # NAME	P95600023474 6221 Enterpuses	STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	6032 NW 73 PD CT. PARKLAUD FL 33067	CITY-ST-ZIP	·		
DOCUMENT # NAME		STREET ADDRESS			
STREET ADORESS CITY-ST-ZIP		CITY-ST-ZIP			
DOCUMENT # NAME		STREET ADDRESS	400018309714 		
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STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP			
DOCUMENT # NAME		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		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:**