Not Applicable

\$8.75 Additional

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

DOCUMENT #_ A9600001632

NCS PARTNERS LTD.



Principal Place of Business 2826 É. OAKLAND PARK BLVD.. #300 FT. LAUDERDALE FL 33308

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Mailing Address

3. Mailing Address

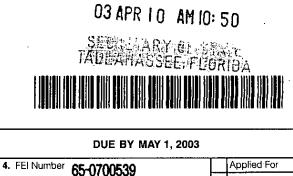
City & State

Zip

Suite, Apt. #, etc.

2826 E. OAKLAND PARK BLVD., #300

FT. LAUDERDALE FL 33308



6. Name and Address of Current Registered Agent ROJAS, MARCO A 2826 E. OAKLAND PARK BLVD., #300 FT. LAUDERDALE FL 33306

Country

	5. Certificate of Status Desired		Fee Required	
	7. Name and Address of New Re	gistered	Agent	
Name				
	· • • · · · · · · · · · · · · · · · · ·			_
Street Address (F	P.O. Box Number is Not Acceptable)			
				-
			•	
City			Zip Code	•
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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.

Country

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.

\$108,900.00

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 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 # NAME	P95000067856 COLD STORAGE HOLDINGS, INC.	STREET ADDRESS	•		
STREET ADDRESS CITY-ST-ZIP			·		
DOCUMENT # NAME		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP			
DOCUMENT # NAME		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	•	CITY-ST-ZIP	_		
DOCUMENT # NAME		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP			
DOCUMENT # NAME		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	m Thomas		
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:

