2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nam MADRAS		+ A96000	001885	•		F1LED 03 APR 22 PM 9: 07		
Principal Place of Business 1663 MOUND STREET SARASOTA FL 34236			Mailing Address 1663 MOUND STREET SARASOTA FL 34236			SBOKAJARY CE STARL TAUBAHASSEEAFIGORIDA		
2. Principal Place of Business 3. N			3. Mailing Address			T - LABORALI IBIO IBINO ANINI ODITI BARRI BANIN PORTI BANAN RIPER FATON IBINO DITI IBBA 		
Suite, Apt. #, etc. Suite, Apt. #, etc.						DUE BY MAY 1, 2003		
City & State			City & State			4. FEI Number 65-0700465 Applied For Not Applicable		
Zip		Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name a	nd Address of Current F	Registered Agent .		Name	7. Name and Address of New Registered Agent		
SILBERST	SILBERSTEIN, DAVID M					Name		
720 SOUTH ORANGE AVENUE SARASOTA FL 34236					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 Signature, typed or printed name of registered agent and title if applicable.								
9. Capital Contributions as Shown on record. \$12,000,000.00 in FLORIDA to date					tributions 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.				
DOCUMENT # NAME	P96000101383 NEPENTHE, INC.			1	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	SARASOTA		CITY		-ST-ZIP	200016690592		
DOCUMENT # NAME				STRE	EET ADDRESS	200016530582 04/22/0301087007 **526.25		
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DOCUMENT #				STRE	ET ADDRESS			
NAME STREET ADDRESS CITY-ST-SP				CITY-	-ST-ZIP			
14. I hereby o	L certify that the in	nformation supplied with t	his filing does not qualify for	the exe	mption stated in Se	ction 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 except this report as required by Chapter 620, Florida Statutes								

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-17-03

Daytime Phone #