2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A97000000240 DOCUMENT # 1. Entity Name 03 HAR 31 PM 4: 08 THÉ KELL GROUP, LTD. Principal Place of Business 1 S.E. 3 AVENUE. SUITE 2240 Mailing Address
1 S.E. 3 AVENUE. SUITE 2240 MIAMI: FL 33131-MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number 65-0735558 Applied For Not Applicable Zip Country Ζiο Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAZAM, INC. Street Address (P.O. Box Number is Not Acceptable) 1 S.E. 3 AVENUE, SUITE 2240 MIAMI FL 33131 City 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 10. Amount of Capital Contribution 1. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions \$126,666.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. GENERAL PARTNER INFORMATION 12. CR2E003 (10/02) F25951 DOCUMENT # STREET ADDRESS MID-PASCO DEVELOPMENT, INC NAME 3004 RHETT COURT STREET ADDRESS 500010060195 713/03-01008-014 **13 CITY-ST-ZIP **TAMPA FL 33618** CITY-ST-ZIP P97000007239 DOCUMENT # STREET ADDRESS SAZAM, INC. NAME ONE SE THIRD AVE., 15TH FLOOR STREET ADDRESS 5000100501<u>3</u> CITY-ST-ZIP MIAM! FL 33131 CITY-ST-ZIP DOCUMENT. K23116____ STREET ADDRESS TEAMKAR DEVELOPMENT CORPORATION NAME 10012 FOUNTAIN COURT STREET ADDRESS CITY-ST-7IP **NEW PORT RICHEY FL 34654** CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # 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:

FFL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER