Tr.			
2003 UNIFORM	BUSINESS	REPORT	(UBR)

2004	UNIFOR	RM BUSI	NESS F	REPOR	T (UB	R)		API	PROYEL		0008684
DOCUMENT # A9700000378 1. Entity Name							AND FILED				
LINTON PA	ARTNERS, LTD.				٠			OI MAY -	2 AM 9	: 29	A n
Principal Place	of Business		Mailing Addres		·			SECRETA TALLAHA:	RY OF S	TATE	
1801 S. FEDERAL DELRAY BEACH			1801 S. FEDER DELRAY BEACH	AL HIGHWAY				IALLANA	93CE+FE	CICIDA:	
2. Principal Plac	ce of Business	. 	3. Mailing Addr	ess	0						
400 E L. Suite, Apt. #,	etc.	<u>{</u>	400 E.Li. Suite, Apt. #,	<u>0,400, 1310</u> etc.	ud			DO NOT W	RITE IN THIS	SPACE	
Delas.	Beach, V	٦_	Delray R	seact,	FL	4.	FEI Numb	er 65-07272 7	6	Applie Not A	ed For pplicable
Zip 33483	Count	<i>A</i>	33483		Ountry USA			of Status Desired		\$8.75 Addition Fee Required	nal
	6. Name and Add	iress of Current Re	egistered Agent		Name	<u>7.</u>	Name and	Address of New			
Werber, Rig	CHARD					CHARL			RNA	CK	
,	EN SOUND PARK	WAY NW.			Street /		Box Numbe	er is Not Acceptal	LU0		
BOCA RATO		1071, 14.00			7.34	Suite		-3			
200/1101/0					City	^			FL	Zip Code	0.7
8 The above na	amed antity submits	this statement for t	he ourness of ch	anging its regis	stered office o	ELKA registered as		FACH		3348	73
o. The above ha	arried error submits	tins statement for t	ne purpose or cri	anging it legi	stered office (r registered a	gerii, or oo	ii, iii tile State or i	iorica.		
SIGNATURE :	U F CLA	arne of registered agent and	fille if applicable.	(NOT : Ben	istered Agent signa	ture required when	reinetation)	<u></u>	DATE		
9. Capital Contri as Shown on	ibutions ¢7	500,000.00	10. Amour	nt of Capical Co RIDA to cate.					ECK PAYABLE	TO DEPT OF ST R FEE INFORMA	
		AL PARTNER TH al Partners MAY									
12.		NERAL PARTNER II			13.				HANGES ON		
NAME LI	97000013405 NTON, INC.				STREET ADDRESS	400 E	. لــرين	TOU Blu	7 #	6-3	E003 (11/00)
	801-SFEDERAL ELRAY BEACH F				CITY-ST-ZIP	Dele	4y B	eseli	FC 3	3483	ZE003
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STREET ADDRESS CITY-ST-ZIP	····				CITY-ST-ZIP						
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STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				CITY-ST-ZIP			-05/2		104300: ****526.	1 }
NAME				ļ	STREET ADDRESS			- Total and			
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NAME STREET ADDRESS					STREET ADDRESS		<u></u>			·	
CITY-ST-ZIP	tify that the informal	ion supplied with th	is filina does not		CITY-ST-ZIP exemption sta	ted in Section	119.07(3)(), Florida Statutes	, I further cer	tify that the inform	nation
indicated on	this report is true a	nd accurate and the	at my šignature sl	hall have the s	ame legal effe	ct as if made	under oath;	that I am a Gene	ral Partner of	the limited partne	ership or

SIGNATURE:

0.4/13/2001 561 278 1/69
Date Dayline Phone