

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)


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FILED

03 MAY -5 PM 5:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MLJH

DOCUMENT # A97000000864 1. Entity Name FARREY GROUP, LTD.	
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Principal Place of Business C/O F.X. FARREY P.O. BOX 619500 NORTH MIAMI FL 33261-9500	Mailing Address C/O F.X. FARREY P.O. BOX 619500 NORTH MIAMI FL 33261-9500
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

5/5

DUE BY MAY 1, 2003

4. FEI Number 65-0748107	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M ESQ.
C/O THERREL BAISDEN & MEYER WEISS
1111 LINCOLN ROAD MALL, SUITE 500
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,899,937.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # P97000035028 NAME FXF, INC. STREET ADDRESS 104 EAST SAN MARINO DRIVE CITY-ST-ZIP MIAMI BEACH FL 33139	STREET ADDRESS CITY-ST-ZIP 400017918194 05/05/03--01001--008 **526.25
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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: JOHN F. FARREY **SIGNATURE REQUIRED** 4/28/2003 305-947-5451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE