


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010945 AT

DOCUMENT # A97000000937

1. Entity Name
MSE ASPEN HOLDINGS, LTD.



FILED
03 JAN 15 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 110 E. BROWARD BLVD., SUITE 1400 FT. LAUDERDALE FL 33301	Mailing Address PO BOX 029006 FORT LAUDERDALE FL 33302
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2. Principal Place of Business	3. Mailing Address	DUE BY MAY 1, 2003
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 65-0747447
Zip	Country	Country

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

6. Name and Address of Current Registered Agent

**SMITH, DENNIS D ESQ.
110 SE 6TH ST., 15TH FLOOR
FT. LAUDERDALE FL 33301**

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. \$990.00	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	
DOCUMENT #	P97000037880
NAME	MSE ASPEN HOLDINGS, INC.
STREET ADDRESS	110 E. BROWARD BLVD., SUITE 1400
CITY-ST-ZIP	FT. LAUDERDALE FL 33301
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600010053666
CITY-ST-ZIP	01/13/03--01062--019 **141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	E/AL
CITY-ST-ZIP	

CR2E003 (10/02)

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: *[Signature]* **SIGNATURE REQUIRED** *[Signature]* **Signature and TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** *MSE Aspen Holdings, Inc. a GP* **Date** *1/10/03* **Daytime Phone #** *854 762 5949*