


2001 UNIFORM BUSINESS REPORT (UBR)

0000083 AF

DOCUMENT # A97000000959			
1. Entity Name UNIQUE WESTON, LTD.			
Principal Place of Business 222 CLEMATIS ST., SUITE 207 WEST PALM BEACH FL 33401		Mailing Address 222 CLEMATIS ST., SUITE 207 WEST PALM BEACH FL 33401	
2. Principal Place of Business SEI Restaurant Group, Inc. 120 So. Olive Ave., Suite 501 West Palm Beach, Florida 33401		3. Mailing Address SEI Restaurant Group, Inc. 120 So. Olive Ave., Suite 501 West Palm Beach, Florida 33401	
Zip 33401	Country	Zip 33401	Country
6. Name and Address of Current Registered Agent VISCONTI, GERALD 222 CLEMATIS ST., SUITE 207 WEST PALM BEACH FL 33401		7. Name and Address of New Registered Agent NAME: VISONI, Anthony STREET ADDRESS (P.O. Box Number is Not Acceptable): 120 So. Olive Ave #501 CITY: WEST PALM BEACH FL ZIP CODE: 33401-5534	
8. I, the undersigned, named entity, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
9. Capital Contributions as Shown on record. \$100.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO 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. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P99000067638 WESTON GP, INC. 222 CLEMATIS STREET, SUITE 207 WEST PALM BEACH FL 33401	STREET ADDRESS CITY-ST-ZIP	120 So. Olive Ave #501 WEST PALM BEACH FL 33401-5534
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	200004213362--7 -05/11/01--01147--004 ****141.25 ****141.25
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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 REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #			

FILED
01 APR 27 PM 3: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)