2003 LIMITED PARTNERSHIP NIFORM BUSINESS REPORT (UBR)

ONITONIA DOSINESS NEPONT (OSN)						
DOCU 1. Entity Nam VERO PA	001088			FILED 103 APR 30 AM 11: 02		
Principal Place of Business 8320 WEST SUNRISE BLVD STE. 108 8320 WEST SUNRISE BLVD PLANTATION FL 33322 Mailing Address 8320 WEST SUNRISE BLVD PLANTATION FL 33322			. STE. 108		SECRETARY OF STATE JALLAHASSEE FLORIDA	
Principal Place of Business A. Mailing Address			 		4/20	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2003	
City & State		City & State	City & State		4. FEI Number 65-0756492 Applied For Not Applicable	
Zip	Country	Zip	Country	-	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent	
HOLSTEIN, GERALD K C.P.A. 8320 WEST SUNRISE BLVD., STE. > 203				Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33322						
	·		City	<u> </u>	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 Signature, typed or printed name of registered agent and title if applicable.						
9. Capital Contributions as Shown on record. \$1,350,000.00 10. Amount of Capital Contributions in FLORIDA to date			Contributions 11. MAKE CHECK TOWARDS TO SELECT, OF STATE			
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. THE PROPERTY OF THE CONTROLL OF THE CONTROL O						
DOCUMENT # NAME STREET ADDRESS	Holden, John 8320 West Sunrise Blvd., Ste	. 108	STREET ADDRESS		04/30/0301098013 **526.25	
CITY-ST-ZIP	PLANTATION FL 33322		CITY-ST-ZIP			
DOCUMENT # NAME	HOLDEN, MARY ANN		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	8320 WEST SUNRISE BLVD., STE PLANTATION FL 33322	108	CITY-ST-ZIP		94/30/93 91999 913 **526 25	
DOCUMENT # NAME	HOLDEN, PETER W		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	8320 WEST SUNRISE BLVD., STE PLANTATION FL 33322	108	CITY-ST-ZIP			
document # Name	HOLDEN, JANET		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	8320 WEST SUNRISE BLVD., STE PLANTATION FL 33322	108	CITY-ST-ZIP			
DOCUMENT # NAME	HOLDEN, DANIEL		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	8320 WEST SUNRISE BLVD., STE PLANTATION FL 33322	108	CITY-ST-ZIP			
DOCUMENT # NAME	HOLDEN, DONNA		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	8320 WEST SUNRISE BLVD., STE. PLANTATION FL 33322	108	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:

SIAPLE UMEUN HEHE

GNATEREQUIRECTOPH
GNATURE OF PRINTED NAME OF SIGNING GENERAL PARTNER

1/10/03 1 (954)370 - 822