


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011822 AT

<b>DOCUMENT # A97000001151</b> 1. Entity Name <b>BEED INVESTMENT GROUP LTD.</b>	
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FILED

03 MAR 27 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 100 LAKESHORE DRIVE, UNIT 1057 NORTH PALM BEACH FL 33408	Mailing Address 100 LAKESHORE DRIVE, UNIT 1057 NORTH PALM BEACH FL 33408
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2. Principal Place of Business	3. Mailing Address			<b>DUE BY MAY 1, 2003</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State	4. FEI Number <b>65-0758421</b>	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  DWOSKIN, RICHARD 100 LAKESHORE DRIVE, UNIT 1057 NORTH PALM BEACH FL 33408	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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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: <b>\$1,980,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 #	NAME DWOSKIN, RICHARD	STREET ADDRESS	
STREET ADDRESS	12 WYCLIFF ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		
DOCUMENT #	NAME DWOSKIN, JUDITH	STREET ADDRESS	
STREET ADDRESS	151 EAST 83RD STREET	CITY-ST-ZIP	
CITY-ST-ZIP	NEW YORK NY 10028		
DOCUMENT #	NAME	STREET ADDRESS	000014779670 03/27/03--01012--015 **526.25
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	<b>M THOMAS</b>
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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: *Richard Dwoskin* **REQUERDITH DWOSKIN** 3/19/03 561-775-9655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)