2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

	INVENIT A AOZOO	0001000	NI (UDN)	 -		
 1. Entity Na 	JMENT # A9700 EAL ESTATE HOLDINGS, LTD.	0001393		FILED	-	
Principal Place of Business C/O BRADY & BRADY, P.A. 370 W. CAMINO GARDENS BLVD THIRD FLOOR		Mailing Address 245 N. COUNTRY CLU ATLANTIS FL 33462	JB DR.	O3 FEB 10 AM II: 15 SECRETARY OF STARTALLAHASSEE, FLORII	•	
BOCA RATIO		ATEMPTO I E WOTE		TALEAHASSE, FLUKII	DA III ii ii iiii iiii iiii iiii iii iii	
2. Principal Place of Business		3. Mailing Address		T TO LOCAL TOTAL CONTRACTOR OF THE STATE OF		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003		
City & Sta		City & State		4. FEI Number 65-0770485	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
<u> </u>	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered	d Agent	
BRADY, FRANK R ESQ. C/O BRADY & BRADY, P.A. 370 W. CAMINO GARDENS BLVD,, THIRD FLOOR BOCA RATON FL 33432			Name	The state of the s		
			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code		
8. The above	e named entity submits this statement fo	or the purpose of changing	its registered office or regis	stered agent, or both, in the State of Florida. I an	L 1 "	
SIGNATURE						
Capital Co	Signature, typed or printed name of registered agent	T T		DATE		
9. Capital Contributions as Shown on record. \$12,800.00		10. Amount of Ca in FLORIDA to	pital Contributions	11. MAKE CHECK PAYABL	F TO FI DEPT OF STATE	
	A GENERAL PARTNER I NOTE: General Partners M			SEE REVERSE SIDE FO	OR FEE INFORMATION	
12.		THAT IS A BUSINESS &	ENTITY MIIST RE DEC	SEE REVERSE SIDE FO	OR FEE INFORMATION	
	GENERAL PARTNER	THAT IS A BUSINESS E	ENTITY MIIST RE DEC	SEE REVERSE SIDE FO	OR FEE INFORMATION CE. artner.	
DOCUMENT # NAME	SOPOURN, R. JORDAN JR.	THAT IS A BUSINESS E AY NOT be changed on R INFORMATION	ENTITY MUST BE REG the form; an amendm	SEE REVERSE SIDE FO ISTERED AND ACTIVE WITH THIS OFFIC ent must be filed to change a general pa	OR FEE INFORMATION CE. artner.	
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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

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPE OF MATTER NAME OF SIGNING GENERAL PARTNER

1-31-03 856-768-4224