


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000868 AT

DOCUMENT # A97000001617

1. Entity Name
THE M & J FAMILY LIMITED PARTNERSHIP



FILED
03 JAN 16 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O MR. & MRS. MICHAEL G. KEOTAHLIAN 9753 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32837	Mailing Address C/O MR. & MRS. MICHAEL G. KEOTAHLIAN 9753 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32837
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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DUE BY MAY 1, 2003

4. FEI Number 59-3458643	Applied For
	Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WACHS, JEFFREY S ESQ.
1177 S.E. 3RD AVENUE
FORT LAUDERDALE FL 33316

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. **\$5,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	KEOTAHLIAN, MICHAEL G
NAME	9753 S. ORANGE BLOSSOM TRAIL
STREET ADDRESS	ORLANDO FL 32837
CITY-ST-ZIP	
DOCUMENT #	KEOTAHLIAN, JULIETTE J
NAME	9753 S. ORANGE BLOSSOM TRAIL
STREET ADDRESS	ORLANDO FL 32837
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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	300010157073
CITY-ST-ZIP	01/16/03--01044--011 **141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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]* **DATE:** 1/14/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER